IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

Jedidiah Murphy, :

Plaintiff, :

:

v. : Case No. 23-cv-1199

•

Bobby Lumpkin, Director of

Correctional Institutions, :

Texas Dept. of Criminal Justice, :

: THIS IS A CAPITAL CASE

Kelly Strong, Warden, Texas State

Penitentiary Huntsville Unit,

EXECUTION SET FOR

Bryan Collier, Executive Director, : OCTOBER 10, 2023

Texas Dept. of Criminal Justice,

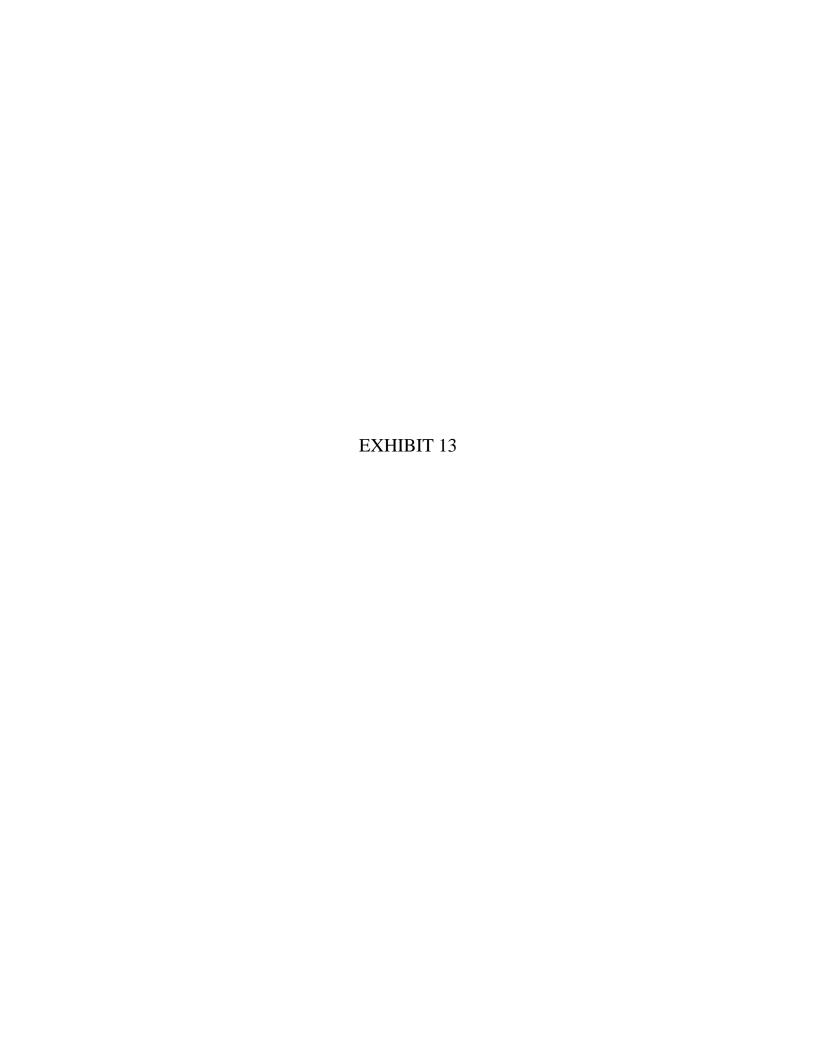
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Defendants.

EXHIBITS TO COMPLAINT

VOL. 3

Exhibits 13-16



1	REPORTER'S RECORD
2	VOLUME 1 OF 1 VOLUME TRIAL COURT CAUSE NO. D-1-N-22-7149
3	RUIZ, ET AL,) IN THE DISTRICT COURT Plaintiff,
5	VS. TRAVIS COUNTY, TEXAS
6	TDCJ, ET AL, Defendant. 345TH JUDICIAL DISTRICT
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12	EMERGENCY MOTION FOR TEMPORARY INJUNCTION
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16	On the 10th day of January, 2023, the following
17	proceedings came on to be heard in the above-entitled and
18	numbered cause before the Honorable Catherine A. Mauzy
19	Judge Presiding, held in Austin, Travis County, Texas
20	REMOTELY VIA VIDEOCONFERENCE:
21	Proceedings reported by machine shorthand.
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1	APPEARANCES
2	
3	FOR THE PLAINTIFFS BALENTINE AND RUIZ:
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5	AND MS. HAYDEN NELSON-MAJOR
6	AND
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1	
2	FOR THE INTERVENOR ARTHUR BROWN JR.:
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PROCEEDINGS

January 10, 2023

THE COURT: Let me call for hearing Cause No. D-1-GN-22-7149 Wesley Ruiz, John Balentine, Robert Fratta versus Texas Department of Criminal Justice, Et Α1.

Your appearances for the record, please.

MR. KURSMAN: Good morning, Your Honor. Alex Kursman for Petitioners Balentine and Ruiz. This morning Ms. Swiergula filed an order with the Court asking for pro hac vice admission for myself and my colleague, Hayden Nelson-Major. I just want to make sure

that order was granted before the hearing begins.

THE COURT: I am told that that has been filed. I'll need to, yeah, take that up and get that signed. We might take a little break after we do appearances since that order -- I'll take appearances and then I'll see if there's any objection. I don't think there should be.

I'm going to ask everyone as you give your appearances or if you go through, because I have so many counsel appearing this morning, if everyone could go through and change their name and include who they It may not all show up and it may not be represent. possible, but we can try.

10:12AM	1	Mr. Kursman and Ms. Swiergula, and who else
10:12AM	2	do I have, please.
10:12AM	3	MS. NELSON-MAJOR: This is Hayden
10:12AM	4	Nelson-Major with the Federal Community Defender Office
10:12AM	5	in the Eastern District of Pennsylvania on behalf of John
10:12AM	6	Balentine and Wesley Ruiz.
10:12AM	7	MR. WILSON: Good morning, Your Honor.
10:12AM	8	Daniel Wilson with Sussman Godfrey as additional counsel
10:12AM	9	for Ruiz and Balentine, and I filed a notice of
10:12AM	10	appearance this morning.
10:12AM	11	THE COURT: Thank you.
10:12AM	12	(Zoom audio distortion)
10:12AM	13	MR. SCHARDL: Good morning, Your Honor.
10:12AM	14	This is Tivon Schardl from the Federal Defender Office
10:12AM	15	here in Austin for Robert Fratta.
10:12AM	16	THE COURT: Thank you.
10:12AM	17	MR. WOLFF: Good morning, Your Honor. My
10:12AM	18	name is Benjamin Wolff. I'm with the Office of Capital
10:13AM	19	and Forensic Writs, and along with Paul Manser, who is
10:13AM	20	federal habeas counsel, we represent Arthur Brown, Jr.
10:13AM	21	We filed a petition intervention yesterday.
10:13AM	22	MS. O'LEARY: Good morning, Your Honor.
10:13AM	23	Leah O'Leary from the Attorney General's Office. I
10:13AM	24	represent TDCJ, Brian Collier, Bobby Lumpkin and Kelly
10:13AM	25	Strong, the Respondents.

10:13AM	1	THE COURT: Thank you.			
10:13AM	2	Anyone else? Before I begin, I need to			
10:13AM	3	look at those pro hac vice			
10:13AM	4	MR. MARSHALL: This is Ed Marshall. I'm			
10:13AM	5	also here on behalf of Respondents.			
10:13AM	6	THE COURT: Thank you, Mr. Marshall.			
10:13AM	7	All right. Before I need to look at			
10:13AM	8	those pro hac vice orders and get those filed. Let me			
10:13AM	9	just ask, does anyone have any objection to those? I			
10:14AM	10	have not had a chance to look at those yet.			
10:14AM	11	MS. O'LEARY: No objection, Your Honor. I			
10:14AM	12	believe they are filed as unopposed.			
10:14AM	13	THE COURT: Okay, great. I'll take a			
10:14AM	14	little break. Let me give you some preliminary			
10:14AM	15	announcements. I'll take a break and get those signed so			
10:14AM	16	that we can proceed. We are holding today's hearing			
10:14AM	17	today remotely on the Zoom platform.			
10:14AM	18	(Court's COVID instructions.)			
10:14AM	19	MR. KURSMAN: We have an expert witness			
10:14AM	20	that needs to be through by 1:30 eastern time.			
10:14AM	21	THE COURT: That's fine. I'm assuming,			
10:16AM	22	Ms. O'Leary, you don't have an objection to that.			
10:16AM	23	MS. O'LEARY: Our position is going to be			
10:16AM	24	that we don't need to reach the expert at all. We also			
10:16AM	25	have some housekeeping matters like objections to			

16AM 1 exhibits that have been filed.

And we'd like to understand the scope of the hearing. The hearing has only been noticed for Mr. Fratta's amended emergency motion for temporary injunction. So we haven't been noticed to hear the original petition in the case, and we just want to make sure that we understand that correctly.

THE COURT: We'll get to all those housekeeping matters in a minute. Let me take care of those pro hac vice motions and orders. I'm going to take a short break and in the meantime you-all can stand by. Let me get those orders taken care of and then we'll go right into the housekeeping matters, into the evidence, realizing that we have a witness who needs to be done by 12:30 our time. Thank you.

(Whereupon There was a Break in the Proceedings)

THE COURT: I've reviewed the motions for pro hac vice for Mr. Kursman and Ms. Nelson-Major and I have signed those and we'll get those filed. So now let's begin. We can go ahead and begin with any housekeeping matters that we need to take up.

MS. O'LEARY: Yes, Your Honor. We have some objections to the exhibits that were uploaded last night. We can address those now or I'm happy to address them as we go, as Petitioners try to offer them.

10:22AM	1	THE COURT: Go ahead, Mr. Kursman.
10:22AM	2	MR. KURSMAN: That is I think it's more
10:22AM	3	appropriate if they are objected to as offered. We
10:22AM	4	wanted to introduce six of those exhibits prior to
10:23AM	5	offering our witness based on stipulations with
10:23AM	6	Respondents, and those would be Exhibits 6, 7, 8, 9, 10
10:23AM	7	and 11. Respondents agreed to stipulate to the
10:23AM	8	following, that if a record custodian was called to
10:23AM	9	testify, they would testify to the following:
10:23AM	10	That the record was made at or near the
10:23AM	11	time by or from information transmitted by someone with
10:23AM	12	knowledge, that the record was kept in the course of
10:23AM	13	regularly conducted business activity and that making the
10:23AM	14	record was a regular practice of that activity.
10:23AM	15	Respondents also agree to stipulate to the
10:23AM	16	accuracy and authenticity of those exhibits. So
10:23AM	17	Petitioners would move to admit Exhibits 6, 7, 8, 9, 10
10:23AM	18	and 11.
10:23AM	19	THE COURT: Ms. O'Leary.
10:23AM	20	MS. O'LEARY: Respondents do so stipulate
10:23AM	21	and we have no objection to the admission of 6 through
10:24AM	22	10.
10:24AM	23	THE COURT: Through 11.
10:24AM	24	MS. O'LEARY: I'm sorry; was it 11?
10:24AM	25	THE COURT: I heard Mr. Kursman offering 6,

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7, 8, 9, 10 and 11.

MR. KURSMAN: Yes. No. 11, Ms. O'Leary, is the TDCJ protocol.

I'm sorry; I didn't see that MS. O'LEARY: TDCJ's execution procedure, may I ask if it's the current version, revision?

MR. KURSMAN: Yes, Ms. O'Leary. It's the version that was sent to us pursuant to the requests.

MS. O'LEARY: We have no objection to admission of No. 11 then.

THE COURT: All right. Then Petitioner's Exhibits 6 through 11 are admitted without objection. I agree that the rest -- if you don't have agreements on them, let's just take up your objections to any other exhibits as they come up.

> MS. 0'LEARY: Yes, Your Honor.

The other issue, before the Petitioners put on their expert, is we have some argument to make as to why the Court doesn't need to consider the expert's opinion on the factual issues in the case. So if the Court is amenable, I'm happy to present that right now.

THE COURT: Well, yes, go ahead and do that, then I'm going to ask for brief openings. reviewed I believe almost all the pleadings, almost all of them. And again, apologies that this came up in the 10:25AM 1
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middle of -- I was moving yesterday, so I didn't have much technology set up. I'm going to try to read all of the pleadings.

So let's go ahead and start with that argument, Ms. O'Leary.

MS. O'LEARY: Yes, Your Honor. The
Petitioners intend to introduce expert testimony from
I'll just say a pharmaceutical expert to discuss
expiration dates and beyond-use dates of the drug that
TDCJ uses for lethal injection. The Court does not need
to get into the question of whether the drugs are, quote,
expired or whether they are being used beyond-use date,
which is contested.

But even if, for argument's sake, the Court assumes that the drugs are expired or are being used beyond the beyond-use date -- the Court can assume that to be true -- but first the Court should instead recognize that the Petitioners haven't stated a cause of action here. And so even if factually there's a factual dispute or assumption that the asserted facts are true, without a cause of action the Court can't issue an injunction here and no declaratory relief is available.

This is an ultra vires action against TDCJ officials. The basis of the ultra vires asserted conduct is they have violated certain state statutes such as the

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Texas Pharmacy Act. As we have laid out in our briefing, none of the statutes that the Petitioners have cited actually apply to TDCJ's use of pentobarbital lethal injection; they simply don't apply. They also cite things like the Texas Penal Code. There's clear exceptions to each of those statutes that exempt TDCJ or exempt this situation from those standards. And so without demonstrating that there's a potential, at least a potential ultra vires claim here, there's no reason to get into the factual disputes about whether the drugs are beyond a beyond-use date.

And I'm happy to go through each of those state statutes if the Court wants to hear that now, and that includes the Texas Pharmacy Act, the Texas Controlled Substance Act, the Penal Code and the Texas Food, Drug and Cosmetics Act.

THE COURT: Mr. Kursman, you want to respond to that, please.

MR. KURSMAN: Sure, Your Honor.

So all of those issues were briefed in our initial petition in Respondents' response and in our reply. I think we can get into those in more detail after Dr. Almgren testifies if Your Honor would like, but I think those are pretty well-briefed in all of our pleadings.

Ms. O'Leary began with saying that we 1 10:28AM didn't state a cause of action, but then describes the 2 10:28AM cause of action that we stated in our petition. 3 10:28AM sure Your Honor is fully aware of what that is, as we 4 10:28AM filed that petition weeks ago. 5 10:28AM THE COURT: Yes, I am. I've read your 6 10:28AM 7 petition. 10:28AM So that objection is overruled, 8 10:28AM Ms. 0'Leary. All right. 10:28AM 9 Then let's begin, Mr. Kursman, or whoever 10 10:28AM is going to make argument with brief opening statements. 11 10:28AM MR. KURSMAN: Sure, Your Honor. 12 10:28AM The Texas Department of Criminal Justice 13 10:28AM planned to administer expired drugs to Petitioners 14 10:28AM Fratta, Ruiz, Balentine and Brown during their 15 10:28AM These drugs expired anywhere from 630 days executions. 16 10:28AM ago to over 1,300 days ago. You will hear that when 17 10:29AM drugs are this old the pharmacological property of the 18 10:29AM 19 drugs themselves change. So although the drugs may be 10:29AM labeled pentobarbital, because they are hundreds or 10:29AM 20 thousands of days past their expiration date, the 21 10:29AM pharmacological effects of those drugs may not be 22 10:29AM pentobarbital at all. 23 10:29AM You will also hear when drugs are this old 24 10:29AM there's a high risk that they fall out of solution. What 25 10:29AM

So

this means is that the drug themselves become grainy. 1 10:29AM instead of injection of a liquid into a vein, the drug 2 10:29AM themselves will contain solid particles, and when 3 10:29AM injected into one of the prisoner's veins, it will cause 4 10:29AM burning at the injection site. Because of these risks 5 10:29AM the Texas statutes that we outlined in our petition 10:29AM 6 7 protect against administering expired drugs to humans. 10:29AM Under the statutes in Texas outlined in our petition, it 8 10:30AM is unlawful to administer expired drugs to human beings. 10:30AM 9 TDCJ acknowledges that these statutes 10 10:30AM exist, they implicitly concede that these drugs are 11 10:30AM expired, but they claim to be above the law. They say 12 10:30AM that these statutes don't apply to them because the drugs 13 10:30AM are being used for an execution. There is no legal 14 10:30AM support for that argument. TDCJ and individuals who work 15 10:30AM for TDCJ are not above the law. They, too, must follow 16 10:30AM

> After hearing the evidence this Court should grant a temporary injunction prohibiting TDCJ from administering expired drugs to Messrs. Fratta, Ruiz, Balentine and Brown.

> > THE COURT: Thank you.

the laws of practice, even during an execution.

Ms. O'Leary.

comment, Mr. Kursman is asking for relief for Mr. Ruiz

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and Balentine. We have not been noticed on their 1 10:31AM petition for today's hearing; we've only been noticed on 2 Mr. Fratta's request for temporary injunction. 3 think that their idea of what this hearing is covering is 4 different from ours. And I just, again I ask for clarity 5 from the Court on whether we are hearing the original 6 7 petition today, which again was not noticed. Well, I think the amended THE COURT: 8 request -- I should have -- I skipped over attorney for 9 Mr. Fratta, Mr. Schardl. I should let him speak, as 10

But so I think the -- what was noticed is clearly we wouldn't be here but for the original petition; it's the underlying pleadings. I'm willing to hear all of it. I'm going to let Mr. Kursman, participate; Mr. Schardl, as well.

I guess I should let you go ahead and make a statement before Ms. O'Leary goes on.

MR. SCHARDL: Thank you very much, Your I have nothing to add to what Mr. Kursman said or to what the Court just said.

> THE COURT: Thank you.

All right, Ms. O'Leary.

MS. O'LEARY: Yes, Your Honor. important to be aware of the context and timing in which we find ourselves in court today. Mr. Fratta's death

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sentence became final in 2011. TDCJ has been using compounded single drug pentobarbital for lethal injection since 2013, using the current testing and retesting processes that are currently in place since 2013. So at any time over the past nine years the Petitioners could have raised this claim; but instead we find ourselves in a hearing hours before Mr. Fratta's scheduled execution.

It's also important to note that there's an active writ of prohibition in the case that prevents -- it orders this Court to refrain from issuing any order purporting to stay an execution. And even if an order doesn't say that it stays an execution, it can have that effect; and so we just want to point out that is still in place.

And again, the Court doesn't need to go into the factual assertions in the case because the Petitioners haven't demonstrated a cause of action. They wrote ultra vires on their petition; so they have picked out a cause of action, but they haven't asserted any facts that would allow this Court to find that any official acted in an ultra vires manner.

An ultra vires action cannot lie where there is discretion. The Respondents are statutorily required to carry out lethal injection, and that is in the Code of Criminal Procedure. The statute gives

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Director Bobby Lumpkin discretion in deciding how to carry out lethal injection.

The State is indeed regulated on how it carries out a lethal injection and it is regulated by the 8th Amendment, which is not a cause of action that's been raised here. It is not regulated by things like the Texas Pharmacy Act or the Food, Drug and Cosmetic Act.

Petitioners allege that Respondents have violated the Texas Pharmacy Act. If the Court looks at the statute, it describes who the statute applies to. The pharmaceutical standards are codified in Texas law and again, they specify who they apply to. They do not apply to TDCJ, its officials or lethal injection.

For example, the Texas Pharmacy Acts states it applies to a provider prescribing a medication to a patient. That's obviously something that doesn't apply here. And right in the introduction of the Texas Pharmacy Act it says that it, "Regulates the practice of pharmacy and licensing pharmacies that are engaged in distribution of prescription drugs and devices that are used in diagnosing illness, injury or disease."

That is not something that is happening when TDCJ is carrying out lethal injection. We're not treating anything, we're not providing any kind of therapeutic treatment or drugs. We're not treating

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illness, injury or disease. And so right from the introduction of the Pharmacy Act, it's clear that it does not apply to TDCJ.

The Texas Controlled Substances Act. there's a clear exception that involves the licensing to possess controlled substances. There's a clear exception for employees of the State engaged in the enforcement of law or carrying out an official duty.

Additionally, TDCJ has a DEA license to possess pentobarbital. The Petitioners have copies of the DEA order forms they appended back to their original petition. So for those reasons, the Controlled Substances Act doesn't apply to TDCJ.

The Texas Food, Drug and Cosmetic Act is a consumer protection statute. It regulates labelling, branding and other safety mechanisms for products that are introduced into commerce. That is not what is happening in lethal injection. We don't need to be concerned with consumers who are reading the labels on lethal doses of pentobarbital.

And lastly, Petitioners allege that TDCJ officials are violating the Penal Code because they are bringing a controlled substance into a correctional There is a clear exception in the Penal Code facility. for officials carrying out legal duties, and they have a 10:36AM 1

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legal duty here. There is a valid court order issuing a death warrant and there's a statute that says TDCJ shall carry out lethal injection.

Similar challenges have been raised in the federal courts, as we've laid out in our briefing. The Fifth Circuit has repeatedly rejected challenges to TDCJ's use of pentobarbital, including challenges that allege that pentobarbital is expired. Those have been rejected by the Fifth Circuit.

To be entitled to injunctive relief the Petitioners have to prove three elements, the first of which is they have to show that they have a cause of action. For the reasons I've just said and for the reasons laid out in our brief, they haven't satisfied the first element or the second element, which is that they have a probable right to relief.

The last element is they have to show a probable imminent irreparable injury. Now, you're going to hear evidence from their -- or testimony from their expert talking about what may happen, what she thinks will happen. She applies pharmaceutical standards in reaching those conclusions. And as I've just discussed, the pharmaceutical standards in the USP do not apply to this situation because we're not treating injury, illness or disease.

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And lastly, Your Honor, because this is a challenge to the method of execution, the United States Supreme Court has added another standard on top of the injunctive relief standard that the Petitioners have to meet, and that is found in Blaze vs. Rees. The Petitioners have to show that the State's lethal injection creates a demonstrated risk of severe pain.

Your Honor, the TDCJ has carried out executions using pentobarbital under the same testing process that it uses now over 70 times. It has carried out lethal injection over 90 times. What the Petitioners describe has never happened; it simply has never happened. The drugs that TDCJ possesses and uses and sends to labs to get tested are -- and the Petitioners' own evidence shows that it was retested as recently as January of 2022 -- it's proven to be potent and effective.

The other factors that might be relevant to therapeutic uses of drugs simply don't matter for purposes of a lethal injection. And for that reason we believe that their request for injunctive relief and declaratory relief should be denied.

THE COURT: Thank you. All right. Well, before we begin, I'm certainly aware of the Court of Criminal Appeals order and I understand that I am

10:39AM	1	prohibited from issuing any order that purports to stay
10:39AM	2	the scheduled executions, and I would not assume to do
10:39AM	3	so. This is a separate matter having to do with an
10:39AM	4	injunction on the use of what the Plaintiffs allege are
10:39AM	5	expired drugs that do not meet certain standards set out
10:39AM	6	in various civil statutes, so we'll proceed with that
10:39AM	7	evidence.
10:39AM	8	Mr. Kursman, if you would like to call your
10:39AM	9	first witness.
10:39AM	10	MR. KURSMAN: Thank you, Your Honor.
10:39AM	11	Before I do, could I just ask that we be given time to
10:39AM	12	respond to Ms. O'Leary's legal arguments?
10:39AM	13	THE COURT: Yes, go ahead. After you
10:40AM	14	want to call your witness yes.
10:40AM	15	MR. KURSMAN: Petitioners call Dr. Michaela
10:40AM	16	Almgren.
10:40AM	17	MICHAELA ALMGREN,
10:40AM	18	having been duly first sworn, testified as follows:
10:40AM	19	DIRECT EXAMINATION
10:40AM	20	BY MR. KURSMAN:
10:40AM	21	Q. Dr. Almgren, can you introduce yourself to the
10:40AM	22	Court.
10:40AM	23	A. So my name is Michaela Almgren. I'm a clinical
10:40AM	24	associate professor of pharmacy at the University of
10:40AM	25	South Carolina College of Pharmacy. I'm a licensed

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pharmacist in South Carolina and a few other states and I have really vast experience in sterile compounding.

When I was a student I was a pharmacy technician working in a hospital performing sterile compounding. When I graduated I was a pharmacist in a large teaching hospital performing duties of a sterile compounding pharmacist. I worked in oncology, I worked in home infusion, all of those fields involving sterile compounding.

I also teach CE, continuing educational courses to pharmacists that deal with this subject matter of sterile compounding. I'm very familiar with sterile compounding under 503A regulations. And most recently I became a pharmacist as a part of my clinical assignment with the university as a 503B pharmacy. And so I also have vast experience now in sterile compounding regulations as they are related to 503B pharmacy.

I also have pharmaceutical industry experience because prior to going to pharmacy school I actually went to -- I worked for a number of drug companies and I worked as an analytical chemist. So I have this analytical chemistry experience, I have a master's degree -- I have a college degree in biology and I have a master's degree in pharmaceutical chemistry. sciences in pharmacy and I also have a doctorate in

0:42AM 1 | pharmacy.

Q. And Dr. Almgren, can you just briefly describe for the Court what a pharmacist does?

A. So it really depends, because the area of pharmacy practice is very vast. So you can be a clinical pharmacist working in a hospital, you can be a retail pharmacist working in Rite Aid or a Walgreen's dispensing and working directly with the public. My area of expertise is sterile compounding and so what I do is, I prepare medications based on physicians' orders for patients.

- Q. Can you tell the Court what sterile compounding means?
- A. So sterile compounding involves preparation of drugs where you start with either a sterile drug -- this would be considered low risk compounding where you start with maybe a vial of drug that comes from the manufacturer and, according to the doctor's orders, you will perhaps dilute the medication or maybe turn it from an injection into an infusion. So you are going to add it to an IV bag. So that would be considered low risk compounding.

Then you have a medium risk compounding that involves more complex procedures. So if I was compounding a total parenteral nutrition product, so

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something that contains a number of additives -- so maybe I'll add 10 or 12 additives -- that would be considered a medium risk compounding.

Then there is high risk compounding. And according to USP 797, the guidance that basically provides all of the regulations for 503A pharmacies in regards to sterile compounding, the high risk compounding involves starting with a nonsterile product that would be maybe an API active pharmaceutical ingredient that you will weigh out, measure out in some way and then you're going to dilute it and prepare a sterile product basically by sterilizing it. You prepare it, you maybe add an additive or two and then you go in to either filter, sterilize it, make it sterile or you could autoclave it, depending on the product itself.

- Q. Do you also have experience with extending beyond-use dates of --
 - A. Yes.
 - Q. -- medications?
- A. Yes, I do. Of course, in a 503B environment we have to follow CGAP regulations, so we extend beyond-use dates according to that. I also worked in a hospital teaching pharmacy, and so we extended beyond-use dates according to USP 797.
 - Q. Did you prepare a CV in connection with this

The

case? 1 10:44AM I'm sorry; you broke up. 2 Α. 10:44AM Did you prepare a CV in connection with this Q. 3 10:44AM case? 4 10:44AM Yes, I did. Yes, I'm sorry. 5 Α. 10:44AM I'm going to show you what's marked as Q. 10:45AM 6 Petitioner's Exhibit 1. 7 10:45AM MS. O'LEARY: Your Honor, Respondents 8 10:45AM object to Exhibit 1 as hearsay. 10:45AM 9 THE COURT: Mr. Kursman. 10 10:45AM MR. KURSMAN: Your Honor, because this is a 11 10:45AM bench preliminary injunction hearing, we were thinking 12 10:45AM that it would be -- it would streamline both this 13 10:45AM presentation and whatever argument happens later on on 14 10:45AM Ms. Almgren's expertise, but we're happy to just go 15 10:45AM further through Ms. Almgren's expertise. 16 10:45AM THE COURT: That's all right, no. 17 10:45AM objection will be overruled and the CV will be admitted. 18 10:45AM 19 Q. (Mr. Kursman) Dr. Almgren, are you familiar 10:45AM with the United States Pharmacopeia? 20 10:45AM Yes, of course. It's a -- basically it governs 21 Α. 10:46AM a lot of the pharmacy practice, pharmaceutical industry. 22 10:46AM It's a really excellent reference for practice. 23 10:46AM And can you tell the Court why it's important 24 Q. 10:46AM

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for a pharmacist to be familiar with the United States

10:46AM 1 Pharmacopeia?

A. You must be familiar with the USP because it basically provides guidance on our everyday activities; everything from how we compound, how we handle medications, storage conditions. A lot of really good references is in USP.

- Q. Are you familiar with USP Chapter 797?
- A. Yes, absolutely. It is a subject matter that I have been teaching for years. And USP Chapter 797 basically governs or provides guidance on how to perform sterile compounding in 503A regulated environment.
 - Q. And are you familiar with USP Chapter 790?
- A. Yes, absolutely. USP Chapter 790 describes how to perform visual inspection for injectables.
 - Q. And are you familiar with USP Chapter 71?
- A. Yes. Yes, that's another very good compounding method that describes how to perform sterility testing on the products that are compounded.
- Q. Dr. Almgren, have you served as an expert in litigation before, an expert in pharmacy?
 - A. Yes.

MR. KURSMAN: Your Honor, we would move to have Dr. Almgren qualified as an expert in pharmacy compounding, United States Pharmacopeia and extending beyond-use dates.

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10:47AM	1	THE COURT: She's so accepted. You may
10:47AM	2	proceed.
10:47AM	3	Q. (Mr. Kursman) Dr. Almgren, were you retained
10:47AM	4	in this case by Petitioners' counsel?
10:47AM	5	A. Yes.
10:47AM	6	Q. Were you asked to provide an opinion about this
10:47AM	7	case?
10:47AM	8	A. Yes.
10:47AM	9	Q. Can you tell the Court what you were asked to
10:48AM	10	provide an opinion about?
10:48AM	11	A. So I was provided a number of documents to
10:48AM	12	review and basically assess whether the beyond-use date
10:48AM	13	on the products that I used are is appropriate.
10:48AM	14	Q. Were you asked to reach a conclusion about
10:48AM	15	whether the pentobarbital in TDCJ's possession is
10:48AM	16	expired?
10:48AM	17	A. Yes, I was asked to analyze and basically see
10:48AM	18	if I what are my thoughts on the expiry of those
10:48AM	19	products, yes.
10:48AM	20	Q. And what is your opinion on whether the
10:48AM	21	pentobarbital in TDCJ's possession is expired?
10:48AM	22	A. Those products are well beyond expiry. The way
10:48AM	23	that the TDCJ extends beyond-use dating is not
10:48AM	24	appropriate. This is not how you are supposed to extend
10:48AM	25	beyond-use dating on drugs.

Do you hold that opinion to a reasonable degree

10:48AM	3	A. Absolutely.
10:49AM	4	Q. Can you tell the Court what documents you
10:49AM	5	reviewed to come to that opinion?
10:49AM	6	A. So I looked at the I guess the documents are
10:49AM	7	listed in my testimony, in my report. But some of the
10:49AM	8	key documents that I looked at were some of the
10:49AM	9	analytical reports that were provided that basically show
10:49AM	10	the potency and some of the testing results of the drugs,
10:49AM	11	as well as I reviewed I guess the storage logs for the
10:49AM	12	drugs themselves.
10:49AM	13	Q. Were you also asked to opine on whether there
10:49AM	14	was a risk of harm that can be caused by the
10:49AM	15	administration of the expired compounded pentobarbital?
10:49AM	16	A. Yes, that's correct.
10:49AM	17	Q. Did you provide an opinion?
10:49AM	18	A. I did.
10:49AM	19	Q. And can you describe for the Court what that
10:49AM	20	opinion is?
10:49AM	21	A. Well, the drugs that are currently in
10:49AM	22	possession, as far as I know from the records that I was
10:50AM	23	provided, all appear to be well-beyond expiry, well
10:50AM	24	beyond expiration date. And with those types of
10:50AM	25	medications, it's really difficult to tell what the

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of scientific certainty?

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pharmacological activity would be. Typically when you have medications that expired, the further away they are from the date when they were prepared, the more chances there are that the medication will not work as expected.

I looked at the data related to the pentobarbital and I saw how the TDCJ is trying to extend the beyond-use date using the assay testing, but that is not appropriate; and actually the potency of the drug might be much lower than what was determined, and so the Typically as the medication potency may be affected. sits for a long time -- and of course I'm not sure, but it does not appear that the storage conditions are really well-monitored for those medications.

That also brings up another concern, because medications, if they are stored in conditions where the temperature changes, humidity changes, they may be exposed to light; all of that has impact on medication quality. And of course, the medications are expired, to begin with, and then they are, you know, exposed to all of these unknown conditions. So the chances of those medications not functioning as they are supposed to are really high.

- Is one of the probable risks that the drugs will fall out of solution?
 - There is a good probable. The reason for that Α.

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is the medication itself, pentobarbital, is not water soluble, so it is not your typical type of medication. People think, oh, you just take the vial, add some normal saline, dissolve it; here it is in liquid and you go ahead and inject it.

Pentobarbital is actually not water soluble. So what you have to do is, you have to adjust the pH of the solution and you have to dissolve the pentobarbital powder in alcohol, and so this way you are making it to come into the solution. But what happens in time is the pH will shift because of, like I said, the environmental exposure, just time itself; also alcohol, as we all know, will evaporate over time. The concentration of that will shift, as well, and all of that can potentially lead to the drug degrading, coming out of solution.

I would like to see the vials of the drug. I have no doubt that every one of them have changed color from the original. You know, it's supposed to be clear colored solution. You know, looking at the records that I was provided, I have no doubt at all that those vials are probably yellow by now, and that just shows the signs of degradation.

Q. And if the drug falls out of solution, does that cause pain at the injection site?

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Oh, absolutely. Medications, if there is any Α. precipitation -- this is the whole point of USP Chapter 790. You perform visual inspection to make sure that the medications do not have any precipitant form in them. Because if you inject medication that has particulate matter in them, if you inject them intravenously, it definitely can cause pain, burning at injection site. A lot of times you will have occlusion of the blood vessels and that can cause severe pain.

I have read literature because I do a lot of assessments, clinical assessments for my 503B pharmacy appointment. So I a lot of times assess clinical risks of medication that contains particulate matter, and they can have very severe outcomes. Patients can get a stroke, embolism, those types of things from having particulates in a solution.

Q. I'm going to show you what's marked as Plaintiff's Exhibit 2. Do you recognize this exhibit?

Α. Yes.

MS. O'LEARY: Respondents object to this exhibit, Your Honor. It is inadmissible hearsay. Expert reports are typically inadmissible without a non-hearsay purpose, and this doesn't fall within any of the exclusions or exceptions in Rule 801 or 803.

> Commitment of Johnson, Delamar vs. In re:

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Regardless

Fort Worth Mountain Bikers Association, these are just a 1 10:54AM handful of cases that exclude expert reports. 2 10:54AM of whether the expert is testifying, the report itself is 3 10:54AM hearsay. 4 10:54AM

> THE COURT: Mr. Kursman.

MR. KURSMAN: Your Honor, we are just attempting to streamline this presentation because there's not a jury; but, of course, we are willing to just go into the details of the report rather than enter it, if you would like.

> THE COURT: The objection is sustained.

- Q. Aside from the documents that you discussed earlier that you relied on, did you rely on any scientific sources in coming to your conclusions?
- Absolutely. This is typically what I do. Ι mean, I have a lot of experience working in analytical chemistry for almost ten years and working in industry and working in a pharmacy. I do have vast experience, but I typically prefer to find scientific arguments that will support, you know, whatever my findings are.
- I'm going to show you what's marked as Q. Plaintiff's Exhibit 3. Do you recognize Plaintiff's Exhibit 3?
 - Yes, that's USP Chapter 797. Α.

MS. O'LEARY: Your Honor, Respondents

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object to Exhibits 3, 4, 5, which are all similar to the 1 10:55AM one that we see here, as hearsay. They also have 2 10:56AM improper foundation; there's no authentication. 3 10:56AM nothing to show that these standards apply in Texas. 4 10:56AM When Texas has standards, they are codified. 5 10:56AM pharmacy standards codified in the Texas Administrative 10:56AM 6 Code and this is not a copy of the administrative code 7 10:56AM 8 so... 10:56AM THE COURT: Sorry, Ms. O'Leary. You froze 9 10:56AM there for a second. You got cut off. 10 10:56AM (Brief pause.) 11 10:57AM MS. O'LEARY: As I was saying, Exhibits 3, 12 10:57AM 4 and 5, each are inadmissible hearsay, they don't fall 13 10:57AM within one of the exceptions or exemptions, and the 14 10:57AM expert has not linked this to what is applicable in 15 10:57AM Texas, which is found in the Texas Administrative Code. 16 10:57AM MR KURSMAN: Your Honor, I think if I ask 17 10:57AM 18 another question maybe it would clear this up. 10:57AM 19 THE COURT: All right, go ahead. 10:57AM (BY MR. KURSMAN) Is this a source that is 20 Q. 10:57AM ordinarily relied upon by experts in your field? 21 10:57AM Absolutely. This is something that we use 22 Α. 10:57AM across the country. This is something that pharmacists 10:57AM 23 in Texas, South Carolina, anywhere in the United States 24 10:57AM

Yes, this is a very common standard.

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use.

10:57AM	1	As a matter of fact, if you work in any
10:58AM	2	kind of a health system, pharmacy setting, you have to
10:58AM	3	comply with the JCAHO regulations and, of course, this is
10:58AM	4	one of the requirements. So this is a very widely
10:58AM	5	accepted standard of practice.
10:58AM	6	MR. KURSMAN: So we would move to admit
10:58AM	7	Exhibit 3 under Rule 703.
10:58AM	8	MS. O'LEARY: The Respondents continue to
10:58AM	9	object based on hearsay, Your Honor.
10:58AM	10	THE COURT: How do you responded to the
10:58AM	11	hearsay objection, Mr. Kursman?
10:58AM	12	MR. KURSMAN: Your Honor, I believe
10:58AM	13	Rule 703 allows documents in that experts rely on if it's
10:58AM	14	relied upon ordinarily by experts in their field, and
10:58AM	15	Dr. Almgren testified it was. So I believe it comes in
10:58AM	16	under 703.
10:58AM	17	THE COURT: The objection is overruled.
10:58AM	18	Exhibit 3 is admitted.
10:58AM	19	Q. (Mr. Kursman) Dr. Almgren, let me show you
10:58AM	20	what is marked as Plaintiff's Exhibit 4. Do you
10:59AM	21	recognize this exhibit?
10:59AM	22	A. Yes, yes. This is USP Chapter 71. It
10:59AM	23	describes how to perform sterility tests on products that
10:59AM	24	are sterile compounds.
10:59AM	25	Q. Is this a source that is ordinarily relied upon

10:59AM	1	by experts in your field?
10:59AM	2	A. Absolutely, yes.
10:59AM	3	MR. KURSMAN: I move to admit Petitioner's
	4	Exhibit 4.
	5	THE COURT: Mr. Marshall, are you taking
	6	over? I don't see Ms. O'Leary.
	7	MR. MARSHALL: Ms. O'Leary is attempting to
	8	restart her computer.
	9	THE COURT: Let's give her a moment to do
10:59AM	10	that.
10:59AM	11	MR. MARSHALL: Your Honor, I'm perfectly
10:59AM	12	willing to follow along with the testimony here. If
10:59AM	13	we're going to examine the witness, I will be the one
10:59AM	14	asking the questions so
10:59AM	15	THE COURT: Well, if you are going to be
10:59AM	16	the one asking the questions, you need to be making the
11:00AM	17	objections; we don't go back and forth. Ms. O'Leary had
11:00AM	18	started with making the objections, so I assumed she
11:00AM	19	would be doing the cross-examination. You don't get to
11:00AM	20	tag team. Let's wait for Ms. O'Leary to get back,
11:00AM	21	please.
11:01AM	22	MS. O'LEARY: I apologize for that.
11:01AM	23	THE COURT: That's all right.
11:02AM	24	Mr. Kursman had offered Exhibit 4.
11:02AM	25	MS. O'LEARY: Your Honor, Respondents

object for the same reasons as 3. 1 11:02AM THE COURT: No. 4 will be admitted. 11:02AM 2 (Mr. Kursman) I'm just going to ask is this a Q. 3 11:02AM source -- I think I did ask while Ms. O'Leary was gone. 4 11:02AM This is a source that is ordinarily relied upon by --5 11:02AM THE COURT: Hold on. Before you go on, I 11:02AM 6 7 can see your the -- there you go. 11:02AM (Mr. Kursman) This is a source that is 8 Q. 11:02AM ordinarily relied upon by experts in your field? 11:02AM Α. Yes. 10 11:02AM MR. KURSMAN: We will move to admit 11 11:02AM 12 Petitioner's Exhibit 4. 11:02AM I had just admitted 4 a moment THE COURT: 13 11:02AM You can move on from that. ago. 14 11:02AM (Mr. Kursman) Dr. Almgren, I want to show you Q. 15 11:02AM Petitioner's Exhibit 5. Do you recognize this exhibit? 16 11:02AM Α. Yes, I do. 17 11:03AM Can you describe for the Court what this Q. 18 11:03AM 19 exhibit is? 11:03AM So this is the USP chapter that describes how 20 11:03AM to perform visual inspection for visible particulates in 21 11:03AM the injections. It's very commonly used. We use it in 22 11:03AM the hospital when we examine and prepare medications. 11:03AM 23 I've used it in industry, used it in pharmacy, in 503B 24 11:03AM setting. It's very commonly used by pharmacists. 25 11:03AM

MR. KURSMAN: I would move to admit
Petitioner's Exhibit 5.
THE COURT: Ms. O'Leary.

MS. O'LEARY: Respondents object to 5 on the same basis as 3 and 4; hearsay.

THE COURT: No. 5 is admitted.

- Q. (Mr. Kursman) Dr. Almgren, in your initial testimony you described commercially manufactured drugs versus compounded drugs. Can you -- first, is there a difference between the two?
- A. Yes, there is absolutely a big difference between the two. Typically your commercially prepared medications undergo very rigorous testing.

You know, think about medications that are made by Baxter and Pfizer. When they make those, let's say, sterile preparations, they make thousands, tens of thousands of dosages. And so, of course, they have to have a very strict and a good manufacturing control, quality control over their products. You know, the medications are tested multiple times throughout the manufacturing process. At the beginning, throughout you want to assure there is continuity and uniformity that the sterility is tested properly and all that. So the manufacturing process is very strictly controlled. We use CGMP regulations from the FDA that basically oversee

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this process and they are very detailed, very vigorous.

By comparison, when you perform sterile compounding in a 503A setting, let's say in the hospital or in a pharmacy, the 503A compounding does not have those controls in place. All we have is USP Chapter 797, and that is what we follow. And so in Chapter 797, you know, when you read for example how beyond-use dating is established, it's much shorter because you don't have as much control over the compounds as you do when you follow CGMP.

You know, when I teach my pharmacy students I always compare, I tell them, "You know when we talk about USP Chapter 797, it's kind of like the high school level regulations; then when you are looking at the CGMP, it's kind of like the doctorate level regulations." Like they are really strict, very specific, you know, and they are really made to, you know, to promulgate really good control over the entire manufacturing process.

THE COURT: Doctor, let me stop you. Tell me, what does CGMP stand for?

THE WITNESS: Yes, absolutely. So CGMP stands for Current Good Manufacturing Practices, and those are specified in the Food, Drug and Cosmetic Act. I think it's in the Federal Register. Chapter 210, 211 specify specifically sterile compounding practices.

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And like I said, the CGMP, the Current Good Manufacturing Practices are practices that are implemented by pharmaceutical manufacturers and also 503B compounders, so both of those. Because of the sizes of batches, you have to have a much more strict control over your process, over your compounding or manufacturing process because your medications go to thousands of patients.

So on the other end of the spectrum you have USP Chapter 797 that provides you the basics on how to perform compounding, sterile compounding, to prepare safe drugs for individual patients.

- Q. (Mr. Kursman) Does USP also describe how to extend the beyond-use dates of compounded drugs?
 - A. It does touch upon that, yes.
- Q. And does it also describe what the beyond-use date of compounded drugs would be?
- A. Yes, absolutely. And this is very crucial because, again, when you think about manufacturing you have so many controls in place; with compounding you don't. It's really the pharmacist or the pharmacy technician who is compounding, so those beyond-use dates will be much shorter than your traditional expiry of the manufactured medications. You know, by comparison manufactured drugs, they may have expired a couple of

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years, two to three years.

I work for a 503B compounding drug company and so we perform compounding under 503B regulations. So we follow CGMP, and none of our beyond-use dates are past 180 days. So even though we have strict control over our process, we still don't extend the beyond-use date past 180 days, just out of caution.

And then you have USP Chapter 797 that, again as I said, the regulations are different and the control of the process of the compounding isn't as good because, as I said, those are small batches typically made for one or two patients by pharmacists in a hospital. It's not your big, you know, manufacturing, automated system where there is very little human interaction. The compounding is all human interaction, so a lot of potential for error, a lot of potential for contamination. So because of that, your beyond-use dates are going to be significantly shorter; typically in days or hours.

- Q. And are the drugs in TDCJ's possession commercially manufactured drugs or are they compounded drugs?
- A. They are compounded drugs. That's what it says in their records.
 - Q. And what does it mean for a drug to be

compounded?

That basically means that it was probably a pharmacist or pharmacy technician who prepared it. not commercially manufactured, an automated system.

- Q. And are these sterile compounded drugs?
- They need to be sterile because they are going to be injected into a patient. So, of course, they need to be sterile.
- According to the USP, what is the maximum beyond-use date for a sterile compounded drug?
- So according to USP Chapter 797, if you keep the medication deeply frozen -- so that means it's in a minus 10 to minus 25 degree type of deep freeze setting -- it is good for 45 days.
- And the three exhibits I showed you previously. Exhibits 3, 4 and 5, which were USP 797, 790 and 71, are those guidelines that pharmacists follow when performing sterile compounding of drugs?
 - Α. Yes. Yes, of course.
- Are the vials of pentobarbital in TDCJ's Q. possession considered high risk sterile compounds?
- My assumption is that they are high risk Α. compounds, yes.
 - Can you tell the Court why? Q.
 - Because they are most likely -- they have been Α.

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prepared from the API, from the powdered drug. So if you 1 are starting with an API that's typically nonsterile, you 2 are going to weigh out the medication, you are going to 3 prepare the solution. As I described earlier, this is a 4 non-water soluble drug, so more technically advanced in 5 terms of how you prepare it. And so the medication is 6 7 prepared and then put in the vials, and so then it has to be sterilized prior to being put in vials. 8

- Q. And I believe you testified this a minute ago about all compounded drugs, but what is the maximum beyond-use date for high risk sterile compounds?
- A. It is the same. It's 45 days. So 45 days in deep freeze, yes.
 - Q. And what if they are not in deep freeze?
- A. Then, depending on the storage conditions,

 24 hours if they are stored in room temperature -- that's

 for high risk compounds -- and 72 hours, or 3 days, if

 they are stored in refrigerator.
- Q. And what chapter of the USP should be followed for compounding of high risk sterile compounds?
 - A. It's USP Chapter 797.
- Q. I'm going to show you again Plaintiff's Exhibit 3. And is this USP 797 we are looking at right here?
 - A. Yes, it is.

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Now, if we go to Page 33 of Exhibit 3, do you Q. 1 see where it says the maximum beyond-use dates of 2 11:12AM compounded drugs? 3 Yes. All the way on the bottom it says, "High 4 risk level compounded sterile products." It says, "Not 5 more than 24 hours at room temperature, three days at 6

cold and 45 in solid frozen state."

- Now I'm going to show you what's previously Q. been admitted as Plaintiff's Exhibit 6. Do you recognize this exhibit?
 - Yes. I do. Α.
- And did you rely on this exhibit in forming Q. your opinion?
 - Yes, I did. Α.
- I'm going to take you to -- do you see the date Q. that says 3-18-21?
- 3-18-21, received from supplier line. Α. Yes, I see it.
- According to these records, this is the last Q. time that TDCJ received 50 milliliter vials of pentobarbital?
- That's what it appears to be, from the records Α. that I was given.
- So according to the USP, when would the 50 Q. milliliter vials of pentobarbital have expired?

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So if this medication was stored in deep Α. 1 11:13AM freeze, that would be good for 45 days. So 3-18-21 -- I 2 11:13AM would say sometime early May of 2021 is when this 3 11:14AM medication would have expired. 4 11:14AM Q. I'm going to show you Plaintiff's Exhibit 7. 5 11:14AM Do you recognize this exhibit? 11:14AM 6 7 Α. Yes. 11:14AM And what is this exhibit? 8 Q. 11:14AM So this appears to be the storage inventory of 9 Α. 11:14AM the pentobarbital vials that have 100 milliliter volume. 10 11:14AM And do you see the entry that says 4-29-19? 11 Q. 11:14AM Yes. That's when I'm assuming the six vials 12 Α. 11:14AM were received, or six vials were -- let me see -- oh, 15 11:14AM 13

Q. And according to these records, 4-29-19 is the last time TDCJ received 100 milliliters vials of

vials were received from the supplier and added into the

- A. That's what it appears to be.
- Q. According to USP, when would have the 100 milliliter vials in TDCJ's possession have expired?
 - A. Sometime in mid June of 2019.
- Q. Based on your review of the records, has TDCJ been following the USP when extending the beyond-use date of pentobarbital in its possession?

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pentobarbital?

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A. No. Because what they appear to be doing is they just basically test the medication and if it appears that potency is there, then they somehow -- and I'm not really sure what the reasoning is -- they are just extending it beyond that. But you know, there are a lot of flaws in that particular methodology, number one being the fact that when you tested one vial from one batch, that is not representative of all of the other vials and all of the other batches that you have in possession.

So it's very important to have good quality manufacturing process like when you do 503B compounding or sterile compounding, you know, manufacturing where you have large batches and you have contact uniformity. When you are doing small scale, there's no guarantee that other vials are exactly the same. So that's one concern.

The other concern that I have is the fact that when you are testing the potency using an assay, the methodology that's used to test for the actual potency, the strength is not appropriate. You have to use a method that looks at the stability and looks at the degradation of the product, especially when these products are so old and expired.

Your stability indicating method will show you if there are any other potential degradants in the product itself. And those would be bundled in with the

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main drug in an assay, so you would not be able to see them.

- Q. So in layman's terms, can you describe for the Court what TDCJ is doing to purportedly extend the B-U date of the pentobarbital in their possession?
- A. So from what I can tell from the records that are provided for my review, they basically test the drug and if it still has what they assume is the correct potency, which we are not really sure that it does, they just say all of the vials are still good, regardless whether they are 50 ml vials or 100 ml vials and they just somehow assign it the further date out.

But that's completely inappropriate, because what you need to do is you need to do a stability study that basically will determine what is the proper span for the medications expiring. So if you perform a stability study, then you will be able to project the dates forward. But you can't do that as you go; that's not a correct way of doing it. You can't just assume that next time we test it, it probably will be fine; it's fine between now and the next date.

- Q. And did they perform all the tests that are required under the United States Pharmacopeia?
- A. No. I also did not see all of the tests that they are supposed to do, and one that really concerns me

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is actually pH. PH is a concerning one because, number one, if the pH is not appropriate the drug may fall out of solution -- and you may say, "Oh, I don't see anything," because you may have microcrystal formation. There is actually potential for these difficult-to-see particles to be formed that you may not see with the naked eye.

And so they may -- so they really should perform pH to assess that the drug still has the pH that it's supposed to have. And of course, pH itself, if it's inappropriate, it can cause burning and pain at the injection site. So pH is definitely something that needs to be tested.

And also the sterility that they have performed or they had the contract lab to perform is done via scan RDI, which is a technology that provides quicker turnaround. It's a quick technology, but it is not as accurate. And in particular, it does not capture a lot of times some of the long-term microorganisms, some of the fungus, some of the microorganisms that you will only see in USP 71 methodology. So the sterility is not tested via correct method, either.

Q. I want to show you what is marked as Plaintiff's Exhibit 8. Do you recognize this exhibit?

A. Yes.

11:20AM	1	Q. Do you see it's from August 12, 2022?
11:20AM	2	A. Yes, that's correct.
11:20AM	3	Q. Can you see it's from TDCJ?
11:20AM	4	A. Yes.
11:20AM	5	Q. Do you see that on August 12, 2022, the
11:20AM	6	beyond-use date of the 2.5 gram vials in TDCJ's
11:20AM	7	possession was assigned at October 9, 2022, and
11:20AM	8	December 8, 2022?
11:20AM	9	A. Yes, that's correct.
11:20AM	10	Q. Do you see that on that same date the 5 gram
11:20AM	11	vials had beyond-use date or purported beyond-use date of
11:20AM	12	12-8-2022?
11:20AM	13	A. That's correct.
11:20AM	14	Q. Now I'm going to point you to Plaintiff's
11:20AM	15	Exhibit 9 which has already been admitted. Do you
11:20AM	16	recognize this exhibit?
11:20AM	17	A. Yes.
11:20AM	18	Q. Do you see it's an e-mail from TDCJ on
11:20AM	19	November 29, 2022?
11:20AM	20	A. Yes.
11:21AM	21	Q. Do you see that the beyond-use dates for
11:21AM	22	pentobarbital changed from that last e-mail?
11:21AM	23	A. Right.
11:21AM	24	Q. Can you tell the Court what those beyond-use
11:21AM	25	dates now are assigned by TDCJ?

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- A. They seem to be projected way out, far out. We are talking about September of 2023 and November of 2023. That's a really significant change from the previous beyond-use date.
- Q. Do you know how TDCJ extended the beyond-use dates of the pentobarbital in their possession?
- A. Unless they performed a stability study, I would say incorrectly, because there's no really other way of assigning beyond-use dates out far like this.

Like I said, we compound in my pharmacy, we compound medications according to 503B, according to CGMP regulations and we don't typically assign BUD's past 180 days. So it's really impressive they are able to extend the BUD this far out, but I would really wonder what type of documentation they have that they are able to do so.

- Q. Now I'm going to show you what's marked as Plaintiffs Exhibit 10 which has previously been admitted. Have you reviewed Plaintiff's Exhibit 10 before?
 - A. Yes.
- Q. Have you reviewed what testing has been done by the laboratory for TDCJ's pentobarbital?
- A. Yes, that's correct. This is an assay that was performed.
 - Q. What they have done, is that the proper way to

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extend the beyond-use dates of drugs according to the USP?

A. No. No, this is not the assay that you should use. This assay is traditionally used when you are performing quality control or maybe when you receive the raw material. So when you receive an API, active pharmaceutical ingredient, maybe from a manufacturer, you are going to do a compounding activity, you are going to receive the API and you will have it tested by a contract lab to make sure that it has the potency that you need.

So once you have that, then you are going to compound it and maybe at the end of your compounding procedure you will send out a sample to test it again. But this is all -- this assay is typically used to just verify that the drug has the potency that it has.

- Q. Based on the testing that you reviewed by the pharmacy or the laboratory, would it be appropriate to extend the beyond-use dates of the pentobarbital as far out as TDCJ has done?
- A. Using this methodology, no. You need to perform a stability indicating assay. And the stability indicating assay is the proper methodology that will explore how well is your drug holding up; are there any degradants that are potentially forming. And so you need to perform the stability indicating assay that will

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analyze quality of a drug that, you know, you are looking at potentially extending the BUD for.

- Q. What I'm going to show you now, can you explain what this chart shows to the Court?
- A. Sure. So this is an example from just when you run your typical run-of-the-mill assay. So you want to know what is the potency of my medication, you want to know what is the -- how many milligrams of pentobarbital is in my solution, or any drug for that matter.

So what you will do is, this is a chromatography example from a HPLC, High Precision Liquid Chromatograph. It's a system that basically analyzing -- a very commonly used system in pharmaceutical industry and pharmacy in general.

So what happens is, you will analyze your medication. You will have a curve, so you are going to use for standards that will create a calibration curve so you can quantitate what -- you know, how much of the analyte you have. So you are going to create -- you purchase your USP standards from USP that basically you can confirm that it is the correct medication. And so you use the standards, you will make a calibration curve. And then you use this calibration curve to quantitate your recovery, to see that your drug that you compounded has the appropriate potency. So that's what this is.

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So this is an example of your HPLC method that's used to analyze your finished product or maybe your API. You're just looking strictly for potency; you want to see how much of the drug is in a solution.

- Q. And this is the testing that TDCJ is doing to extend their beyond-use dates?
- A. I believe so, because it was listed at the bottom where they basically -- in the report, the analytical report, it said which methodology they used and they refer to USP; I think it's 624, which is an HPLC analysis. And of course, you will get more detail if you go into a nomograph for the pentobarbital. It will give you details of how to perform this analytical method.

But again, the monograph for the pentobarbital injection provides guidance on how to perform just a regular essay. So that's what this is. This is an example of an assay. You are just quantitating how much pentobarbital was in there and you are assuming that it's all just pure pentobarbital.

- Q. Can you describe for the Court what this picture shows?
- A. This is as great example of a stability indicating assay. So in this case what you are seeing is, it could be exactly the same sample that you the saw on the previous example. So it may be exactly same drug,

but if that drug is maybe close to expiring, maybe it's 1 expired, it's been around for a while, it has most likely 2 passed its expiry, you will start seeing degradants, 3 which is of course a natural process with any medication. 4 That's why we have expiration dates, because we can only 5 guarantee their quality and their activity up to the 6 7 expiry. And so once you start getting past the expiry, you will start seeing degradants forming. 8

What you see in this example, you see the separation of the degradant from the analyte. So in the first example the degradant is basically part of the analyte because it's a different method. So this is a stability indicating method and your elution time in the mobile phase, the chemicals that basically help to kind of separate out your degradants are being used to basically see if there is any degradation.

So if you had a fresh drug, if you had pentobarbital that you just purchased from the manufacturer, you will not see the degradant at all. Or you may see a tiny little peak that would not really impact your total size of the analyte peak. But as the drugs degrade over time, you will start seeing these degradants and that's exactly what is shown here.

So you see this degradant that's a peak. I mean, in this case the peak is almost probably about

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80 percent the size of the analyte peak. So this would be completely different and this could be a different chemical and most likely is a very different structure that might not have any of the pharmacologic activity of your analyte.

Q. So can you describe in layman's terms for the Court what a degradant is?

A. So a degradant is basically a chemical entity that just develops from whatever you have, let's say a pentobarbital molecule. Over time it just -- it gets exposed to light, maybe a different temperature, and so it kind of falls apart and the structures change.

So eventually these other chemicals that are being formed from the mother analyte, from the original peak, these other peaks that are being formed, these are different chemicals. At times -- I was looking at some literature to see the degradation process of pentobarbital and I do believe I included it in my expert report as well. There is an example of degradation of pentobarbital.

But what happens, the pentobarbital actually breaks down into some of the entities that initially when you are preparing pentobarbital from raw materials -- so those chemicals that you made it from -- those are the chemicals that it basically goes back to.

So it kind of falls apart into those. 1

So is pentobarbital known to have degradants

But I was curious and I looked up a couple pentobarbital, those are actually drugs that they started I shouldn't say drugs; they are chemicals that

stimulating the pancreas. Like they do not have any more pharmacological activity of the pentobarbital; they are

Q. pharmacy employed by TDCJ, did they do testing to detect

11:29AM 11:30AM 11:31AM 1 the degradants?

A. I don't believe so because they use the standard assay method, and the assay method is not a stability indicating method. So it's a different method. So when they run the assay, they will just see one peak. That peak could actually be containing all of these other degradants, but you don't see them because you are using different methods. So you are not eluting, you are not separating out all of the degradants; instead you are just running it as a one-peak. So it will appear as a one-peak and in reality it could be serial peaks that you are just not seeing.

- Q. Now I'm going to show you again Plaintiff's Exhibit 7. If I take you to Page 3 of Plaintiff's Exhibit 7, can you tell the Court the last time TDCJ returned a vial to the lab to test the 100 milliliters vials of pentobarbital?
- A. So it appears on here it was all the way on the bottom. December 20, 2021, return to supplier or -- yes, I think so.
- Q. If you look at Page 4, which is the very last page, were there any times after December 20, 2021, that TDCJ returned one of the 100 milliliter vials to the laboratory to be tested?
 - A. No, there does not appear to be.

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11:32AM	1	Q. Now let's turn to Exhibit 6 which is already
11:32AM	2	been admitted. And if I take you to Page 2, can you tell
11:32AM	3	the Court the last time TDCJ returned a 50 milliliter
11:33AM	4	vial to the supplier to be tested?
11:33AM	5	A. It appears it is September 30, 2022. That's
11:33AM	6	what it says, "Return to supplier."
11:33AM	7	Q. Do you also see, I believe it says 9-30-2022,
11:33AM	8	as well, "Return to supplier"?
11:33AM	9	A. Yes, 9-30-2022, "Return to supplier." That's
11:33AM	10	correct.
11:33AM	11	Q. And that would have been between the two
11:33AM	12	e-mails that I showed you before, correct; the e-mail on
11:33AM	13	August 12, 2022, and the e-mail on 11-29-22 from TDCJ?
11:33AM	14	A. Yes, that's correct.
11:33AM	15	Q. So from August 12, 2022 when TDCJ sent that
11:33AM	16	first e-mail to 11-29-2022, were any of the 100
11:34AM	17	milliliter vials returned to the supplier?
11:34AM	18	A. I don't believe so.
11:34AM	19	Q. If none of those vials were returned to the
11:34AM	20	supplier, could there be a scientific basis to extend the
11:34AM	21	BUD of the 100 milliliter vials?
11:34AM	22	A. No, absolutely not, because that's a couple of

container closure. So all that, it's not just the drug

different sizes, a potentially different container,

itself, but you know you have a potential different

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compounding process. You definitely have a different 1 11:34AM container size and volume. All of that would require its 2 own testing to be able to project -- or not even project. 3 but to test the assay to figure out what is the potency. 4

- Q. But even though in your expert opinion there was no scientific basis based on your review of the records, you saw that TDCJ nevertheless extended the BUD of the 100 milliliter or 5 gram vials of pentobarbital?
- They did, but I am not really sure how they Α. could have done that with what they are supposed to be They did not follow the proper procedures. doina.
- Q. Now let's talk about the 50 milliliter vials. You just testified a minute ago that TDCJ transferred 102 vials during the period of the two e-mails, right?
 - Yes. Α.
- In terms of extending the BUD for all 50 Q. milliliter vials, even if they did the correct testing on those two vials, would it be consistent after correct testing on two vials to extend the entire batch of the 50 milliliter vials?
- No, because they are not representative. Also I'm concerned, I'll be honest, that does not seem to be -- of course there's a redacted portion, so maybe that's what data is hiding. But it does not appear that there is a very good control, inventory control in terms of lot

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And so it would be very crucial to test, if you have any testing performed, that it really relates to vials you tested. It does not relate to different batches and different products, different sizes or anything like that; those are just the ones that you tested.

- Q. Now based on your review of the records, did TDCJ test the pH of the pentobarbital?
 - A. No, it was not included in the report.
- Q. Is that required to extend the BUD under the USP?
- A. Absolutely, yes, all of the testing that's listed in the monograph -- so when you have a pentobarbital injection monograph that's listed in the USP compounding, it lists all that needs to be performed, and pH is one of them. So whenever you perform any kind of stability studies, you will make sure that your stability study results will meet all of the USP monograph requirements.
- Q. Based upon your review of the records, was visual inspection performed to extend the BUD of the pentobarbital?
 - A. It was not recorded on the report.
 - Q. Is this required by USP?

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- A. Yes, it is.
- Q. Can you tell the Court why visual inspection is important?
- A. Visual inspection is very important in particular with injectable drugs because you need to examine it in case there is any formation of precipitation.
- Q. Dr. Almgren, we discussed this a bit before, but did TDCJ test at all for sterility?
- A. Yes, it did appear that they did test the sterility of the products.
 - Q. Was it the correct test for sterility?
- A. No, it was not correct. They were using scan RDI instead of the required method in USP 71 that is specified in a monograph for pentobarbital injection.
- Q. Now, let's talk about TDCJ's record keeping in relation to the pentobarbital. Can you describe for the Court how drugs are removed from storage when they are tested?
 - A. In the case of TDCJ or just the regular how?
- Q. In TDCJ; meaning does it just show that they are re-sent to the supplier?
- A. Yes, that's what appears. So they basically take them out of the inventory, then it appears it says, "Return to supplier." What's really not good is the fact

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that they don't have really any storage details about the temperature, how the drugs are actually stored. when they are transferred, if they are being shipped to the supplier, are they in frozen state, are they in a refrigerator? None of that is documented and it just says, "Return to supplier."

- Now I'm going to show you again Exhibit 7. Q. We're going to go to Page 3. Do you see on 9-8-20 they returned a vial to the supplier?
 - Yes, I do see that. Α.
- Then if you go to Exhibit 10 which has already Q. been admitted, I'm going to take you to Page 3. Do you see on 9-18-2020 they tested a vial?
 - Yes, that's correct. Α.
- Now if we go back to Exhibit 7 that you just Q. saw before, do you see on 1-21-21 a vial was returned?
- Α. Yes. I saw that, yes. The assumption I'm making is that a vial was sent out to the supplier who then sent it off to be tested. The drug was tested and then it was returned back and put back into inventory, which is completely inappropriate. You cannot return medication after it was tested back into inventory by -you would never, you should never use it in a patient, never use it in a person because the medication could be tampered with.

It was not stored properly, it was opened, 1 a portion of it was removed for testing. There's a very 2 good potential for bacterial contamination or, for that 3 matter, physical or chemical contamination, as well. So 4 vials like that should never be returned; that should 5 have been disposed of. 6 7 Q. And is that practice consistent with the USP, 11:41AM

- to test a vial and then return it?
- No, you would never do that. It's not Α. consistent with the USP, FDA, pharmacy general practice, you know, aseptic technique. All of those would direct you to not use vials that have been opened and tested.
- Now let me direct your attention again to Q. Exhibit 7. You see it says "Expired"?
 - Α. Yes.
 - And one vial was taken out of storage? Q.
 - Yes. Α.
- Q. What does that tell you as an expert in pharmacy?
- It's actually extremely mind boggling, I'll be honest with you, because I don't understand how you can have one vial that's expired. How did you identify that this vial expired, how were you able to determine by looking at it that it's expired and why were there not other vials within the same batch that were also expired.

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I think it's very poor practice and there should be, if nothing else, some form of explanation of why this vial was expired. But that's very disturbing because it just tells me that the folks who are handling these medications, my assumption is they probably looked at a vial and maybe saw some physical changes that made them expire this. But you never just expire one vial.

If one vial has -- you see some type of changes, you're going to expire all within the same lot. Because there's a very good chance that all of them are going through the same chemical changes or physical changes as this one; you may just not be able to quite see them, but they may definitely be happening.

- Q. In your career as a pharmacist has there ever been a situation where you had one vial expired but the rest of the batch was not?
- A. No, no. We would not do that. I mean, if one expires, all expire.
- Q. Dr. Almgren, based on the documents you have reviewed and on your professional experience, what is your scientific opinion about the pentobarbital in TDCJ's possession?
- A. It is expired. It is well beyond the beyond-use date, and there's really no way to tell what state the medication is in, if it's, you know -- how much

of it is actually still pentobarbital, how much of it is 1 11:43AM It's difficult to tell because it has not degradants. 2 11:43AM been analyzed using a stability method. 3 11:43AM Do you hold this opinion to a reasonable degree Q. 4 11:43AM of scientific certainty? 5 11:43AM Α. I do. 6 11:43AM 7 MR. KURSMAN: I have nothing further, Your 11:43AM Honor. 8 11:43AM THE COURT: Could you go ahead and unshare 9 11:43AM I need to give Ms. Hayes a break. And I'm 10 vour screen. 11:44AM cognizant of the doctor's time before we do that, so I 11 11:44AM need to take at least a 10-minute break because my court 12 11:44AM reporter can't keep going. 13 11:44AM Let me ask counsel for Mr. Brown, do you 14 11:44AM have questions for this witness or are we going to go 15 11:44AM directly to the State? 16 11:44AM MR. SCHARDL: Nothing from Mr. Fratta, Your 17 11:44AM 18 Honor. 11:44AM Nothing for Mr. Brown. MR. WOLFF: 19 Thank 11:44AM you, Your Honor. 20 11:44AM THE COURT: Thank you. Let's be on break 21 11:44AM for ten minutes. 22 11:44AM (Whereupon There was a Break in the Proceedings) 23 11:44AM All right, Ms. O'Leary. THE COURT: 24 11:57AM MS. O'LEARY: Yes, Your Honor. 25 11:57AM

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BY MS. O'LEARY:

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Q. Good morning, Dr. Almgren. I just have a few questions and I'll try to make it quick because I know you are on a quick turnaround.

CROSS-EXAMINATION

You have not worked in a pharmacy where you compounded lethal doses of a drug; is that accurate?

- A. That's correct.
- Q. You testified earlier that it is really difficult to assess what the pharmacological activity might be in TDCJ's supply of drugs; is that accurate?
 - A. Right.
- Q. Are you familiar with a study conducted by a Priest Geisbuhler where he [sic] studied injectable sodium pentobarbital stability at room temperature?
- A. I am, and actually I read it last night just to make sure that I'm up-to-date on all of the literature, so yes.
 - Q. Okay good. So let me get to the table here.

THE COURT: Hold on one second. I'm sorry.

I should have asked Ms. Hayes -- I need to make sure

Ms. Hayes is with us.

THE STENOGRAPHER: Yes, I'm here.

THE COURT: Ok. Thank you. Proceed.

MS. O'LEARY: Thank you, Your Honor.

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Q. 1 11:58AM 2 11:58AM 3 11:58AM 4 11:58AM I guess so. 5 Α. 11:58AM Q. 6 11:58AM 7 11:58AM 8 Α. 11:58AM 11:58AM 10 11:58AM 11 11:59AM 12 11:59AM Α. Right. 13 11:59AM 14 11:59AM Q. 15 11:59AM backup. 16 11:59AM Α. Right. 17 11:59AM Q. 18 11:59AM 19 11:59AM 20 11:59AM 21 11:59AM 22 11:59AM 23 compound? 11:59AM 24 11:59AM

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- (Ms. O'Leary) In that study the person who conducted the study says that about 15 to 25 milligrams of pentobarbital is a lethal does. Is that consistent with your understanding of pentobarbital?
- You are not familiar with what would be a lethal does of pentobarbital?
- I mean yeah -- yeah, I mean pentobarbital is a very potent drug.
- Okay. And so if 15 to 25 milligrams is a lethal does, are you aware that TDCJ uses about 10 times that to conduct lethal injection?
- I'm assuming you use a whole 50? What do you normally use? Is it a vial?
- So it's five grams and five more grams as a
- In that same study the lab conducted studies of compounded pentobarbital solution, which is similar to what we're discussing today. Did you see the part where he -- his finding is that the chemical degradation occurs at about half a percent per year for sodium pentobarbital
- So I would like to point out one thing, and I'm not sure that we can share the document in any way

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because it appears like maybe you have it on paper. 1 11:59AM If you read that study, if you will start 2 12:00PM -- I think it's on maybe, it's on the first page. 3 12:00PM study starts off by discussing the two methods that they 4 12:00PM have used. Can you -- I wish -- can I look? I have that 5 12:00PM study on my computer. Would it be okay for me to open it 12:00PM 6 so we can talk about the same study together? I have the 7 12:00PM study right here. 8 12:00PM Well, let me just re-ask the question. 9 Q. 12:00PM No, ma'am. THE COURT: Doctor, just let 10 12:00PM Ms. O'Leary ask her question, please. 11 12:00PM Q. (Ms. O'Leary) Do you agree that that finding 12 12:00PM concludes that it degrades at half a percent per year? 13 12:00PM No, they use incorrect method. So there are 14 12:00PM two methods --15 12:00PM That's not my question. Q. I'm sorry. 16 12:00PM MR. KURSMAN: Objection, Your Honor. 17 12:00PM Ms. O'Leary is going to ask these questions, I would just 12:00PM 18 19 ask that she allow Dr. Almgren to answer those questions. 12:00PM THE COURT: Well, I think Dr. Almgren, she 20 12:00PM did answer it. She said no, she did not agree. 21 12:00PM Ms. O'Leary can ask her next question. 22 12:00PM

> that was the finding, but you disagree with the methods. Is that what you mean?

(Ms. O'Leary) Your explanation, Doctor, is

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A. That's exactly what I mean. When you read the article, they quote two separate methods. So they have a method by Morley and Elrod and they have a method by is it Reef? There are two different methods. So the method that they use is the one by Morley and Elrod, and that method is actually your analytical method that you use for confirmation of analyte.

The second method that is used by, like I said, I think it's Reef and --- I can't remember; there are a couple of other authors on the other method. That is the stability indicating method. And they did not use that one, so they don't explain in that particular study based on what they chose, the Method One. But they just performed Method One, which is not stability indicating; it does provide the guidance on how to perform an assay.

So that's why I disagree with them being able to assess the degradation being 0.5 percent per year. Because if you are not using correct method, what they are really just showing is that, using the regular analytical method, they are seeing some degradation as well. I think an actual stability indicating method would probably show a higher percentage of degradation.

Q. So that first method, is that the method that TDCJ uses in their testing that you also disagree with, the standard assay?

So I would have to look, honestly, because I do Α. 1 12:02PM not know 100 percent. It sounds like the method that's 2 12:02PM used, but I could not confirm it without actually seeing 3 12:02PM chromatography and seeing the settings what buffer they 4 12:02PM use, elution method. There are a lot of details that 5 12:02PM would have to be confirmed. 12:02PM 6

Q. Okay. That's fine if you are not sure.

So one last question about this study, the finding was that the pentobarbital solution had a -- let's see what the terminology is -- it was good for as long as six years. And my question for you is, do you agree that that was the finding even if you don't -- if you disagree with the method, that's fine; you have already said that -- but that was the finding of this particular study; is that right?

A. That study is incorrect. You know, if you read through that study --

MS. O'LEARY: I'll object to nonresponsive, Your Honor.

THE COURT: Sustained. Doctor, just listen to her questions and answer her specific questions, please.

- A. Can you restate the question again? I'm sorry.
- Q. I believe you gave the answer. You disagree with the methods but the finding was, in fact, that it

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12:03PM	1	was good for six years?
12:03PM	2	A. No, it's not.
12:03PM	3	Q. Okay.
12:03PM	4	A. Can I comment why I think it's not correct?
12:03PM	5	THE COURT: Not at this point, ma'am. You
12:03PM	6	may have a chance when we go on, but not now.
12:04PM	7	MS. O'LEARY: I pass the witness, Your
12:04PM	8	Honor.
12:04PM	9	THE COURT: Mr. Kursman, do you have any
12:04PM	10	follow-up?
12:04PM	11	MR. KURSMAN: Just very briefly.
12:04PM	12	REDIRECT EXAMINATION
12:04PM	13	BY MR. KURSMAN:
12:04PM	14	Q. Dr. Almgren, can you tell the Court why that's
12:04PM	15	not correct?
12:04PM	16	A. Yes. It is incorrect because if you are using
12:04PM	17	incorrect method, analytical method, you are not going to
12:04PM	18	be able to assess stability. So that's my number one
12:04PM	19	comment.
12:04PM	20	Number two concern is, if you read that
12:04PM	21	study, it also talks about how the authors were unable to
12:04PM	22	explain why they were not seeing changes, greater changes
12:04PM	23	in potency when they were seeing changes in color. And
12:04PM	24	typically change in color is a major concern and, as a
12:04PM	25	matter of fact, per USP you would not be able to use a

drug that changed color, as in you need to -- the color 1 12:04PM of the drug indicates that there are some changes 12:04PM 2 happening. 3 12:04PM And so the fact that they noted and they 4 12:04PM did measurements trying to capture the change in color 5 12:04PM over time, the fact that they noted they saw changes but 12:04PM 6 they were not able to explain how come the potency didn't 7 12:04PM change is just a true indication that study was not done 8 12:05PM correctly. 12:05PM 9 I also want to point out one more thing. 10 12:05PM They really were not looking at USP standards and this 11 12:05PM drug being used in humans. This study was strictly 12 12:05PM focused on the fact that this drug was used for animal 13 12:05PM And so I think that they were trying to kind of 14 12:05PM justify why they are using this drug past expiry and 15 12:05PM making sure it is potent enough for animals. So I think 16 12:05PM that that was their -- the intent was not here to extend 17 12:05PM 18 beyond-use date for human use. 12:05PM I have nothing further, Your 19 MR. KURSMAN: 12:05PM Honor. 20 12:05PM THE COURT: 21 Ms. O'Leary, do you have 12:05PM anything further? 22 12:05PM MS. O'LEARY: Sorry, Your Honor. I have no 23 12:05PM further questions for this witness. 24 12:05PM

May this witness be excused?

THE COURT:

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MR. KURSMAN: Yes, Your Honor. 1 12:05PM THE COURT: All right. Thank you, Doctor. 2 12:05PM I hope we can get you to your class on time. 3 12:05PM for your time and your testimony. You may be excused, 4 12:05PM which means you may log off of Zoom, if you'd like. 5 12:06PM Mr. Kursman, do you want to respond, now 6 12:06PM 7 that we've gotten the doctor's testimony, to the legal 12:06PM points Ms. O'Leary made previously or do you have any 8 12:06PM other evidence you would like to present first? 12:06PM 9 Yeah, I do, Your Honor. MR. KURSMAN: 10 12:06PM Could I turn to Ms. Nelson-Major who will respond to the 11 12:06PM 12 statutory arguments made? 12:06PM THE COURT: Yes. That's fine. 13 12:06PM Ms. Nelson-Major. 14 12:06PM MS. NELSON-MAJOR: Good afternoon, Your 15 12:06PM I would like to begin by responding to the 16 12:06PM argument that Ms. O'Leary made in her opening statement 17 12:06PM that Blaze vs. Rees provides applicable legal standard 18 12:06PM here in that the temporary injunction should not issue 19 12:06PM because we have not proffered an alternative to the use 20 12:06PM of expired pentobarbital. 21 12:06PM This is not an 8th Amendment challenge. 22 12:06PM Petitioners are not challenging the protocol and they are 23 12:06PM not challenging the use of compounded pentobarbital in 24 12:06PM general. No prisoner in Texas has brought a similar 25 12:06PM

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challenge before under the four state statutes that are at issue in this complaint; so therefore, the 8th Amendment standards are completely irrelevant and not before this Court.

I would next like to turn to the arguments that Respondents have made about the various state statutes at issue here. I would like to go through each statute individually, but I would like to first note that one overarching theme runs throughout all of the arguments that Respondents have made. That is, essentially that they are above the law and that when carrying out executions state statutes do not apply to their conduct. They urge that as long as lethal injection is the method used, but no ultra vires claims can lie with respect to the drugs or how they are administered.

If this argument is accepted, essentially it would mean that Respondents are immune, automatically immune from any state statute or constitutional restraints from carrying out an execution. Discretion is bound by the law, no matter how much power Respondents wish to afford themselves. And when carrying out official duties state actors must comply with statutory framework. That's the entire point of the ultra vires doctrine. And I would argue that compliance with the law

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is of paramount importance when the State is doing something so serious and final as taking a life.

I would like to turn to the Texas Pharmacy Act. Ms. O'Leary suggested that the Texas Pharmacy Act does not apply because it only applies in the context of treating patients for treatment. In support of this argument they rely on one of the two stated legislative purposes that are found in the Texas Pharmacy Act, and those appear at Texas Occupational Code Section 551.002(c).

In making this argument they completely ignore the other stated legislative purpose of the Texas Pharmacy Act, and that is to regulate and control the practice of pharmacy. Respondents have elected to use a method of execution that relies on the practice of pharmacy. As such, application of the Texas Pharmacy Act, the lethal injection context is completely consistent with the legislative purpose of the act.

Furthermore, there's a statement that appears along with the legislative purposes which states that the act was enacted to ensure that the practice of pharmacy receive the confidence of the public. Here that goal is also of paramount importance. The public must be confident that the drugs used to carry out executions are compounded in a professional way and will not cause pain

2:09PM 1 and suffering.

Respondents cite a number of Administrative Code provisions to further argue that the Pharmacy Act does not apply here. They cite language which unfortunately only applies to nonsterile compounding, and thus Dr. Almgren explained the pentobarbital in TDCJ's possession applies to sterile compounded preparations, so those provisions are also irrelevant.

And I want to specifically address the regulation at the heart of claim one of Petitioners' complaint, and that appears at Administrative Code Section 291.133(b)(9). That's the regulation which prohibits the administration of an expired drug. The only drug that a pharmacist is authorized to administer is Epinephrine. So therefore, Respondents' argument that this provision only applies to pharmacists is clearly inconsistent with the plain language of the statute. It's obviously intended to reach conduct by individuals other than pharmacists.

And I would also like to note that the pharmacist that actually prepares the drugs for TDC is also named as a respondent in this action, and is the proper respondent in this action as well.

So for those reasons the arguments that Respondents have made about the applicability of the

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Texas Pharmacy Act are inaccurate and inconsistent with the plain language, as well as the legislative purpose of the Texas Pharmacy Act.

I would like to move on to the Controlled Substances Act unless Your Honor has questions about the applicability of the Pharmacy Act.

THE COURT: No. Go ahead.

MS. NELSON-MAJOR: Respondents argue that they are immune from the Controlled Substances Act because they are carrying out an execution. For this broad exception they cite Health and Safety Code Section 481.062(a)(4) and argue that they need not comply with the Controlled Substances Act. However, that subsection provides that a state actor may possess a controlled substance if they are lawfully engaged in the enforcement, and I quote, "of a law relating to a controlled substance or drug or to a customs law."

Respondents urge that they fall under this provision simply because they are carrying out an execution. However, they are asking this Court to completely disregard the explicit limitation in this provision which says that state actors may possess controlled substances when enforcing only two kinds of laws: The Controlled Substance Act or a customs law. When Respondents carry out executions, they are clearly

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doing neither; therefore, this exemption does not cover their conduct.

Alternatively, Respondents argue that they are immune from the CSA because they possess a DEA license. Again, they are asking the Court to rewrite the play language of this exception. That exception they cite appears at Section 481.061 of the Controlled Substances Act. They seem to argue that this provision means that anyone with a DEA license is automatically immune and exempt from compliance with the CSA. This is absolutely not true. The provision they cite says that a person with a DEA license may "possess, manufacture, distribute, analyze, dispense or conduct research with a substance to extent authorized by the chapter and in conformity with the chapter."

I first note that this provision doesn't speak of administration of the controlled substance. Petitioner's CSA claim is related to the administration of a controlled substance; so therefore, the provision doesn't even reach the conduct at issue. But furthermore, the statute is clear that, even if you possess a DEA license, your conduct with respect to the covered activities must still be in conformance with the statute.

I would also note that Respondents haven't

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offered any evidence to demonstrate that they have a valid DEA license. We have received several DEA forms in response to Public Information Act requests. We don't have any information about the actual DEA license they claim to possess and whether that encompasses schedule II controlled substances which pentobarbital, in fact, is.

And in addition to those two arguments I would also note that the Controlled Substance Act has an explicit exception for humane society and animal control personnel to possess pentobarbital for the use in euthanizing animals, and that appears at Health and Safety Code Section 481.11(b). And no similar exception exists that would authorize Respondents to possess pentobarbital without a prescription for use in executions. So therefore, the arguments that Respondents made that they are immune and above the Controlled Substance Act fail and are inconsistent with the plain language of that statute.

Similarly, the arguments they made with respect to the Food, Drug and Cosmetic Act similarly find no basis in the plain language of the statute. argue that they are immune and above the FDCA because they are not introducing drugs into commerce; however, they cite no statutory provision that supports this reading and the prescription requirement in the FDCA

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contains no such language. Again, Respondents are asking this Court to rewrite the statutes and create exceptions for their conduct that simply do not exist.

And lastly with respect to the Texas Penal Code, Respondents argue that they are exempt from this statute as well because they are carrying out executions. Respondents have cited no legal authority for this argument whatsoever. Perhaps sensing that that argument is without any statutory foundation, they argue that their conduct is nonetheless justified because they reasonably believe that they were not subject to the Texas Penal Code. However, that belief can no longer be reasonable since the filing of this action in which it was specifically detailed how their conduct violates that statute.

So having addressed Respondents' arguments about the applicability of the statutes, I briefly wanted to return to the factual record. Dr. Almgren's testimony involved, you know, a significant number of technical terms and concepts. However, distilled to its essence, there's a number of rather simple facts at issue here and we believe that the record that was just introduced demonstrates that they are unrebutted and clear. And that is that TDCJ receives pentobarbital in two different sized vials: 50 milliliters, and 100 milliliters, and

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that TDCJ last received new 100 milliliter vials in April of 2019 and last received 50 milliliter vials in March of 2021.

Dr. Almgren explained that these are considered high risk sterile compounded preparations and that the USP sets forth careful and detailed expiration dates for these high risk preparations. And those are 24 hours at room temperature, three days in refrigeration and 45 days in a solid frozen state.

All vials in TDCJ's possession are expired. That record is undisputed, as per USP. The 100 milliliter vials expired in June of 2019. The 50 milliliter vials expired in May of 2021.

You also heard Dr. Almgren explain how Respondents claimed to extend the beyond-use dates beyond what is recognized as a scientifically valid deadline, and that is by on occasion sending out a vial for a potency test alone, then claiming to extend the expiration date of all the vials in their possession for up to 11 months at a time.

You also heard Dr. Almgren explain these actions violate USP and Respondents have violated USP upon initial compounding of pentobarbital in TDCJ's possession. There is no record that any vial was ever subjected to pH testing or to a visual inspection and

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that when TDCJ performed sterility test they, in fact, performed the wrong test.

You also heard Dr. Almgren clearly explain that these vials as a matter of pharmaceutical science are expired and have been expired between 20 and 43 months.

You also heard Dr. Almgren explain that the methods that Respondents use to claim to extend the beyond-use dates are completely unscientific and invalid. But the only valid way to extend the expiration date of a drug is with a stability indicating test and that the potency test that TDCJ does is not a stability indicating test and will give a false picture of how potent the drugs are.

Rather TDCJ uses the potency test alone and claims to extend the beyond-use dates. Even if you could use the potency test alone, which you cannot, Dr. Almgren explained that the way that TDCJ is using these potency tests is further invalid under the USP. It is invalid to take a vial from one batch and then say, based on the test of that one vial, all of the vials in your possession are expired. That is not a scientific method or conclusion to reach.

Dr. Almgren offered the conclusion that these drugs are expired under USP and that the beyond-use 12:20PM 1 1 12:20PM 2

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date must be disregarded that Respondents have claimed to admit.

In their response to the emergency motion, Respondents seem to disregard the clear conclusions under USP and instead have offered their own definition of when a drug is considered expired. They claim that for purposes of an execution a drug is unexpired if it retains sufficient potency -- and I want to quote the language -- so that it is "Quickly effective so that no pain or suffering will be experienced."

Even if that was a definition, that was acceptable under USP or the Texas Pharmacy Act, the evidence demonstrates that they are not meeting their own standard of expiration. Dr. Almgren was clearly explaining that even if a drug returns a test result on a potency test in a sufficient range, it nonetheless poses risk of harm and suffering upon administration.

So therefore, even accepting Respondents' own definition of an expired drug, these drugs are expired. So in this way the record demonstrates that Respondents are in violation of multiple state statutes when they procure, compound, maintain and then administer the pentobarbital in TDCJ's possession.

Each of the failures that I just outlined to comply with USP is a violation of the Pharmacy Act.

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First the Pharmacy Act requires compliance with USP on initial compounding; Respondents are not doing that. USP says that expired drugs may not be administered; Respondents are not doing that. And USP says that you may not prepare amounts of a compounded drug in excess of what you reasonably expect to administer prior to an expiration date. In other words, USP and the Pharmacy Act prohibits stockpiling drugs. That is what Respondents are doing. That's a further violation of USP.

And the Pharmacy Act and the Texas

Controlled Substances Act, the Texas Food, Drug and

Cosmetics Act, the Texas Penal Code all require a

prescription to possess, distribute or administer

pentobarbital. No prescriptions have been produced to us

in response to multiple Public Information Act requests;

therefore, Respondents lack legal authority under these

statutes to administer pentobarbital to Petitioners.

So I've just outlined the causes of action stated in the complaint, how the evidence introduced today demonstrates a probable right to relief under each of these claims. And I would like to briefly touch on the evidence that demonstrates that, absent this Court's intervention, Petitioners will suffer probable imminent irreparable injury.

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As Dr. Almgren explained, as a drug degrades it can turn into a completely different compound that will act upon the body in a way that pentobarbital is not intended to act, and that as a drug ages precipitants form and that those precipitants can cause pain at the injection site and can clog IV lines. It also appears and is worth noting again that TDCJ has not subjected any of the vials in its possession to --

THE COURT: I'm sorry. To what? What did you say? I missed the last part.

MS. NELSON-MAJOR: I was saying it's worth noting in this context again that Respondents have not subjected, based on the records before us, any of the vials to pH testing. And that's significant because as a drug ages pH can change, and that can lead to a whole host of issues, including pain upon injection and further causing degradants and particulates to form.

Dr. Almgren also discussed how Respondents' handling of the drugs exposes the vials to contaminants which can cause vomiting, nausea, pain, renal failure and Dr. Almgren also explained that these risks increase the further past the expiration date you are.

And because Petitioners can't be adequately redressed for the risk of these harms absent this Court's intervention -- because if these harms occurred during

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their execution, Petitioners will obviously be dead and no longer able to pursue a form in which to have these important allegations heard.

Therefore, this Court should grant the request for a temporary injunction and issue an order prohibiting Respondents from procuring, possessing, distributing or administering pentobarbital to Petitioners in violation of the Texas Pharmacy Act, the Texas Controlled Substances Act, the Texas Penal Code, and the Texas Food, Drug and Cosmetics Act. Therefore, the record adequately demonstrates the issuance of the temporary injunction is justified and necessary in this case. Thank you, Your Honor.

THE COURT: Thank you, Ms. Nelson-Major. Ms. O'Leary.

MS. O'LEARY: Yes, Your Honor. I'll just respondent to a couple of those points, if I may.

First, even if <u>Blaze vs. Rees</u> didn't apply -- which is the Supreme Court case that sets the standard for challenges to the method of execution, which this case can certainly be categorized as that -- even if this didn't apply, an injunction requires they show a probable irreparable imminent injury. And an injury, when it comes to lethal injection, is that it's going to cause more pain than it normally would. And by "normally

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12:26PM	2	THE COURT: Isn't that violative of the
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12:27PM	5	MS. O'LEARY: I'm sorry, Your Honor. The
12:27PM	6	Code of Criminal Procedure is the lethal injection
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12:27PM	8	THE COURT: Okay. All right.
12:27PM	9	MS. O'LEARY: And the provision of the
12:27PM	10	penal code that Petitioners allege is being violated is
12:27PM	11	bringing a controlled substance into a correctional
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12:27PM	13	THE COURT: All right. Go ahead.
12:27PM	14	MS. O'LEARY: The Petitioners cannot show
12:27PM	15	an imminent injury because they cannot show that any pain
12:27PM	16	or suffering is going to be experienced beyond just what
12:27PM	17	it feels like to have blood drawn when the IV's are
12:27PM	18	placed.
12:27PM	19	THE COURT: How would anyone other than
12:27PM	20	the expert testimony I've heard today from a
12:27PM	21	pharmacologist, how could that ever be established?
12:27PM	22	MS. O'LEARY: Well, Your Honor, the media
12:27PM	23	and witnesses are present at every single execution and
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12:28PM	25	Petitioners haven't presented evidence of a single

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execution where any abnormal pain or suffering has been The sounds, movements, eye movements, all of those details are described for each execution. since I can't prove a negative, the Petitioners have the burden here. They haven't presented that a single execution in Texas history, and not since 2013 when single does pentobarbital began its use, has this terrible problem that they are describing ever occurred.

Additionally, Your Honor, the Pharmacy Act, the categories are listed in the statute, it's laid out in our briefing; it applies to certain categories of actors. It applies to a provider prescribing medications to their patient, it provides a pharmacy compounding solutions for another pharmacy. Categories like that; certainly no category that TDCJ or its actors fall into. The controlled substances --

THE COURT: What about -- let me ask about the Pharmacy Act. What about the second --Ms. Nelson-Major told me was the second legislative, the purpose of the Pharmacy Act was to regulate pharmacies and pharmaceuticals consistent with the purposes of the Because they are used for execution purposes, is it act. your position that the Respondents are taken out of requirements to comply with the Pharmacy Act? Is there an exception in the Pharmacy Act that says for purposes

of execution we don't have to comply with those provisions?

MS. O'LEARY: There is not an explicit exception that says "executions," Your Honor, but certainly there are -- that is the general stated purpose. It says, "To regulate the practice of pharmacy and licensing pharmaceuticals who engage in the practice of treating illness, injury or disease." And so the -- then it lists categories of actors that it applies to. In case the stated overall purpose is too broad or not specific enough, then it goes on to list who it applies to. And it certainly doesn't apply to TDCJ, it doesn't apply to lethal doses of pentobarbital, things that are not used for therapeutic purposes.

THE COURT: Let me ask you another question. Why does TDCJ test the drugs in its possession periodically? If they are not worried about the efficacy, the potency, the stability of those drugs, why are they even tested?

MS. O'LEARY: We certainly can't say that they are not worried about the potency or efficacy, Your Honor. They are not doing that in order to comply with the Texas Pharmacy Act; they are doing that to comply with the 8th Amendment, to be sure they have effective, potent drugs when it's time to use them, because

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certainly they are interested in carrying out executions in the most humane way possible. And they are regulated by the 8th Amendment; they are not regulated by pharmaceutical standards.

THE COURT: But isn't the pharmacist, whoever compounded the drugs, aren't they regulated by those standards? Is it your position that once they are put out and given to TDCJ that, therefore, none of the pharmaceutical regulations apply and, therefore, the Respondents can just take some drugs, they are out of date, and use them however they see fit?

MS. O'LEARY: No, Your Honor. The confidential pharmacy and whoever is conducting the lab testing for TDCJ, they simply don't fall into these categories under the Pharmacy Act. They are not dispensing a drug for a Class A pharmacy, to the practitioner for the office's use. They just don't fall into those categories, because the Pharmacy Act was not written to cover this kind of situation, and so the categories it describes don't capture it.

Another point, Your Honor, that I think is important to discuss is that ultra vires claims cannot lie if there is conflicting statutory authority. An ultra vires claim is for an official who is acting without authority.

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Now, if you look at the Code of Criminal Procedure, the statute directs TDCJ to carry out executions by lethal injection. Now, implicit in that mandate is that a lethal injection is going to be conducted using a controlled substance. That's the only humane way to do it; that's the only type of substance that could be effective for lethal injection. And so that mandate implicitly requires TDCJ to administer a controlled substance. It also implicitly requires that substance to be administered without a prescription from a medical provider because a medical provider cannot ethically prescribe a medication to kill somebody. Hippocratic oath.

THE COURT: Mr. Kursman, hold on. You will have a chance to respond.

Go ahead, Ms. O'Leary.

MS. O'LEARY: They have the hippocratic oath. Nursing and non-doctor medical providers have similar ethical responsibilities. They cannot write a prescription that is meant as a lethal does to kill somebody. And so when we have a statute from the legislature directing TDCJ to administer a lethal does of a controlled substance, that context matters. That is authority that has to be done, and implicitly that means certain things. And so the medical provider can't be

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directly involved in the prescription.

So each of these acts that the Petitioners have listed, they are citing to portions that require a prescription from a provider. And while clever, as the Court of Criminal Appeals noted, it conflicts with the statute that directs TDCJ to carry out lethal injection. And so whether there's conflicting statute, it cannot be said that these officials are acting without authority.

And then I'll address Dr. Almgren quickly. She acknowledged a scientific study that she had read just last night. That study found that compounded pentobarbital has a shelf life of up to six years, that it degrades at half a percent per year and she disagrees was the methodology, and that's fine. It's another study by another pharmaceutical scientist. Reasonable minds can differ, even when it comes to scientific methodology. So that is the only point that I want to make with Dr. Almgren, is that her methodology is different and because the Pharmacy Act doesn't apply to TDCJ, the methodology that she prefers does not have to be used here.

Additionally, the USP, United States

Pharmacologica [sic], only portions of that are codified in the administrative code, so the exhibits we saw citing

to the USP, we don't know if those are actually codified.

The USP is not a statute and certainly someone cannot act ultra vires by violating standards, United States

standards for pharmacology.

The penal code -- just very quickly.

Petitioners in their argument said that we cited no authority at all to say that we're exempt from the Penal Code. But we cited 9.21(a) of the Penal Code that specifically says that a state official carrying out a legal court order for a legal process can do what they need to, even if it violates the Penal Code. So that exception is quite clear.

And again, even if it wasn't, when you have a conflicting statute like the one that directs the director of TDCJ correctional institutions to carry out a lethal injection, implicitly he has to take certain action in order to comply with that statute. And that means administering pentobarbital without a prescription and in a correctional facility. And unless the Court has any other questions, that concludes my argument.

THE COURT: Thank you. I'll let the Petitioners close the argument. I don't know if it's Mr. Kursman or Ms. Nelson-Major.

MR. KURSMAN: Sure, Your Honor.
What you heard from Ms. O'Leary was just a

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bunch of purported facts that were never introduced into evidence. One of those purported facts were that doctors can't write a prescription. Well, not only was that not produced in evidence; it simply not true. Other states, including the State of Tennessee, obtains a prescription for every execution. So we have no way to challenge these facts, these purported facts, that Ms. O'Leary has just stated because she hasn't entered any of these in evidence.

Every fact that was entered today in evidence was from the Petitioners and every single one of those facts went virtually unrebutted. We have proven by clear evidence that the Respondents are violating all of the statutes that we had named; therefore, we would request that you grant the requested preliminary injunction. Thank you, Your Honor.

THE COURT: Thank you. All of the decisions I make on the Bench are important. I have to say this one weighs on me particularly heavily, given the exigent nature of the requested relief, which requires me to make a decision in the next few hours, as well as --well, just as well as what's at issue here. I want to go back and look at a couple of these statutes. I'll get you-all a ruling within the next -- no later than two hours. I understand what the deadlines are and I

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understand the importance of the ruling I'm about to make.

I also am very clear and cognizant of the Court of Criminal Appeal's opinion and I would -- do not purport in any way to attempt to stay or set aside the sentences that have been leveled against the Petitioners and the Intervenors or to attempt to stay their execution dates.

I think the State -- I haven't heard any evidence about whether or not the State can get anymore unexpired pentobarbital. The State is certainly entitled to carry out the executions that have been ordered with unexpired drugs. What I'm going to decide is whether or not the State is permitted to use expired drugs, and I'll get you an order and a decision just within the next couple of hours. It will be e-mailed to all counsel.

Thank you-all very much. You may be excused.

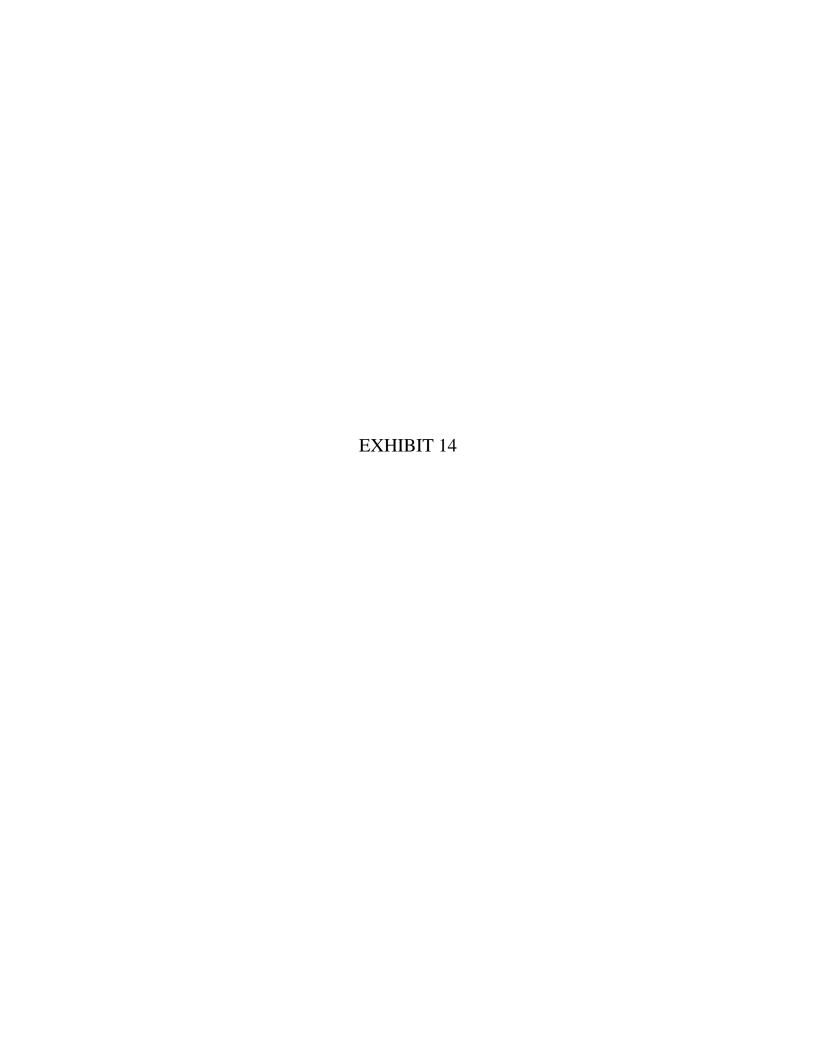
MR. WILSON: Your Honor, if I may. Daniel Wilson. Throughout the hearing we've been preparing a potential proposed order that tracks a lot of what I've heard. Would the Court find that helpful?

THE COURT: Yes. Both sides are invited to send me proposed orders. Please send them to my submission e-mail address.

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REPORTER'S CERTIFICATE 1 2 STATE OF TEXAS 3 COUNTY OF TRAVIS 4 5 I, Leah Hayes, Official Court Reporter in and for the 419th District Court of Travis County, State of 6 7 Texas, do hereby certify that the above and foregoing contains a true and correct transcription of all portions of evidence and other proceedings requested in writing by counsel for the parties to be included in this volume of 10 the Reporter's Record, in the above-styled and numbered 11 12 cause, all of which occurred REMOTELY VIA VIDE CONFERENCE and were reported by me. 13 I further certify that this Reporter's Record of the 14 proceedings truly and correctly reflects the exhibits, if 15 any, offered in evidence by the respective parties. 16 17 WITNESS MY OFFICIAL HAND this the 15th day of 18 January, 2023. 19 20 /s/ Leah Hayes Leah Hayes, Texas CSR No. 3973 Expiration Date: 21 07/31/2023 Texas Certified Realtime Reporter Official Court Reporter 22 419th District Court Travis County, Texas Austin, Texas 78701 23 (512) 854-9329 24 25



Catherine Clare Bernhard

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ccb@ccbernhardlaw.com

September 8, 2023

TDCJ Executive Services Public Information Request Huntsville, Texas 77342

Via email transmission to pia@tdcj.texas.gov

Re: Jedidiah Murphy, scheduled for execution October 10, 2023

To Whom it May Concern:

I represent Jedidiah Murphy who is scheduled for execution on October 10, 2023. In my capacity as Mr. Murphy's counsel and on his behalf, pursuant to the Texas Public Information Act ("the Act"), the Texas Constitution, and the First, Fourth, Eighth and Fourteenth Amendments to the United States Constitution, I am requesting the following information.

- I. Any and all records containing information regarding the location of drugs intended for use in lethal injection executions, including but not limited to:
 - 1. The name of the Texas Department of Criminal Justice (TDCJ) Unit where such drugs are kept in the regular course of business, including on August 24 and August 25, 2023, and
 - 2. The area or wing of such TDCJ Unit where such drugs are kept in the regular course of business, including on August 24 and August 25, 2023.

II. Any and all records containing information regarding the fire at the TDCJ Huntsville Unit on or around August 25, 2023 ("the fire"), including but not limited to:

- 1. The area(s) of the Huntsville Unit that were affected by the fire, including by heat, smoke, or electrical outages,
- 2. The area(s) of the Huntsville Unit that were affected by efforts or actions undertaken to extinguish the fire,
- 3. The proximity of any drugs intended for use in lethal injection executions to any areas affected by the fire,
- 4. Whether the rooms, spaces, or areas where drugs intended for use in lethal injection executions are kept were affected in any way by the fire, including by fire, smoke, excessive heat or efforts undertaken to extinguish the fire, and
- 5. Whether the execution chamber and adjacent rooms were affected in any way by the fire, including by fire, smoke, excessive heat or efforts undertaken to extinguish the fire

The term "records," as used in this request, includes records in practically any medium, including: paper; film; a magnetic, optical, solid state or other device that can store an electronic signal; tape; Mylar; and any physical material on which information may be recorded, including linen, silk, and vellum. See Tex. Gov't Code § 552.002(b). Section 552.002(c) specifies that "[t]he general forms in which the media containing public information exist include a book, paper, letter, document, e-mail, Internet posting, text message, instant message, other electronic communication, printout, photograph, film, tape, microfiche, microfilm, photostat, sound recording, map, and drawing and a voice, data, or video representation held in computer memory.

Public Information defined by the Act includes "any electronic communication created, transmitted, received or maintained on any device if the communication is in connection with the transaction of official business." See Tex. Gov't Code § 552.002(a-2).

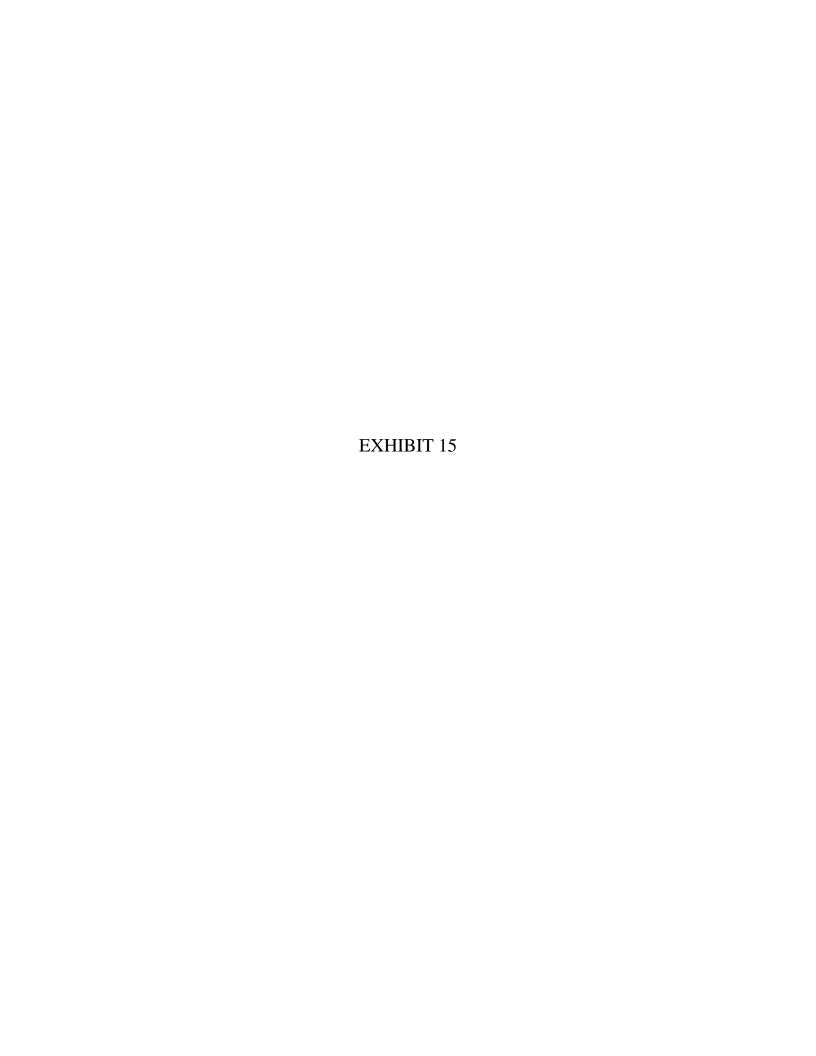
Moreover, the "characterization of the information as 'public information' under the Act is not dependent on whether the requested records

are in the possession of an individual, rather than a governmental body, or whether a governmental body has a particular policy or procedure that establishes a governmental body's access to the information. If information was made, transmitted, maintained, or received in connection with a governmental body's official business, the mere fact that the governmental body does not possess the information does not take the information outside the scope of the Act." See Public Information Act Handbook, pp. 16-17.

I look forward to your timely response.

Sincerely,

Catherine Clare Bernhard



Subject: RE: PIA request

From: PIA <PIA@tdcj.texas.gov> Date: 9/19/2023, 4:15 PM

To: Catherine Clare Bernhard <cbernhard@sbcglobal.net>

Your request was received on 9/8/2023 and sent for processing.

We are allowed 10 full business days (Monday through Friday and excluding holidays) to process all requests, which means that your request is currently on day # 8.

All requests are processed in the order in which they are received, not on the basis of need or urgency.

We appreciate your patience.

Regards, Texas Department of Criminal Justice - PIA Open Records Coordinator Executive Services

From: Catherine Clare Bernhard <cbernhard@sbcglobal.net>

Sent: Tuesday, September 19, 2023 4:10 PM

To: PIA <PIA@tdcj.texas.gov> **Subject:** Re: PIA request

CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments.

If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).

The below and attached PIA was sent on September 8, 2023 and to date, I have not received any response.

The Public Information Act requires that the governmental body must produce the requested information "promptly." Gov't Code 552.221. Given that my client is scheduled for execution in three weeks, the delay in your response is neither prompt nor reasonable. If you intend to seek an Attorney General opinion, please advise immediately, so that I have time to respond. Regardless of the fact that the Act gives you 10 days to request such an opinion, in these circumstances the unnecessary use of the full period flouts the language and the spirit of the Act.

Catherine Clare Bernhard

attorney
P.O. Box 506
Seagoville, Texas 75159

972-294-7262 fax - 972-421-1604 cbernhard@sbcglobal.net



On 9/8/2023 7:51 AM, Catherine Clare Bernhard wrote:

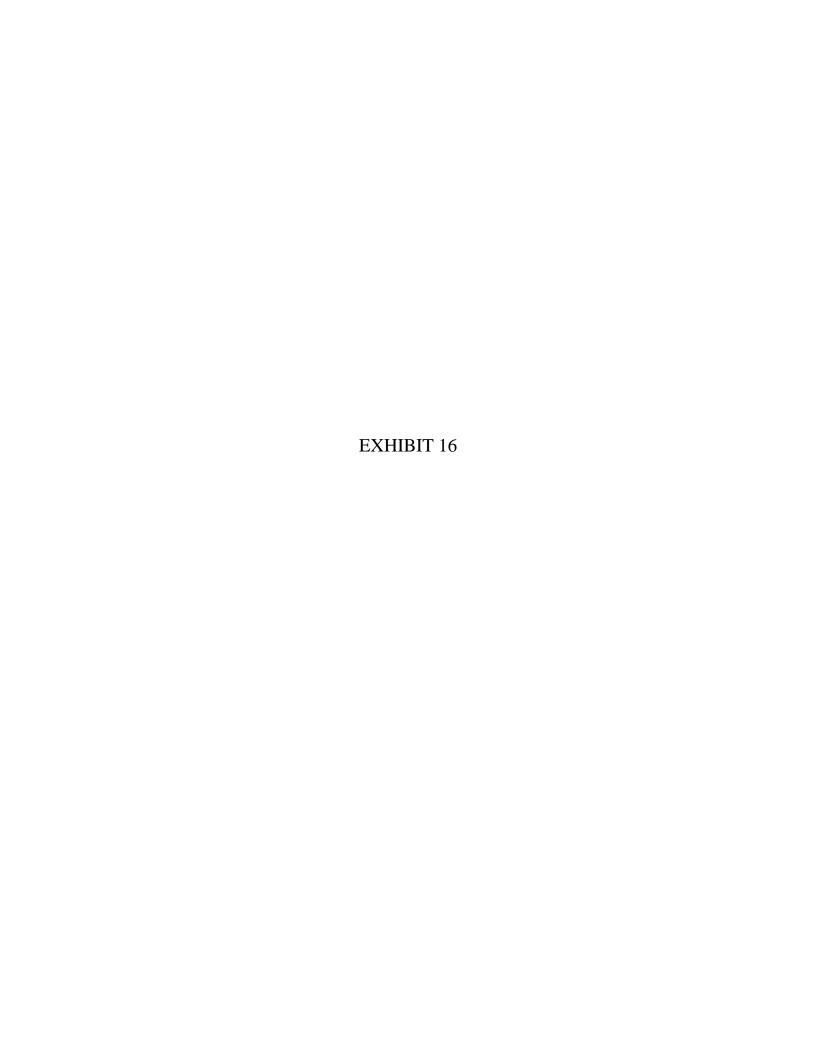
Please see attached.

Catherine Clare Bernhard

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Subject: RE: PIA request

From: Amy Lee <Amy.Lee@tdcj.texas.gov>

Date: 9/22/2023, 8:20 AM

To: "cbernhard@sbcglobal.net" < cbernhard@sbcglobal.net>

Ms. Bernhard,

On September 8, 2023, the Texas Department of Criminal Justice (TDCJ) received your request under Chapter 552 of the Texas Government Code, the Public Information Act (PIA), seeking information pertaining to the fire at the TDCJ Huntsville Unit on or around August 25, 2023. Some of the responsive information is excepted from disclosure under the PIA and therefore not releasable.

This email is to advise you that the TDCJ has requested a decision from the Office of the Attorney General (OAG) who will determine whether certain information responsive to your request should be made available to you, or any other member of the public. Attached please find a copy of the request for decision submitted to the OAG. A copy of our written comments will also be provided once submitted.

Contact this office if you have any questions.

Amy Lee
Project Coordinator
Office of the General Counsel - TDCJ

The information contained in this email and any attachments is intended for the exclusive use of the addressee(s) and may contain confidential, privileged, or proprietary information. Any other use of these materials is strictly prohibited. This email shall not be forwarded outside the Texas Department of Criminal Justice, Office of the General Counsel, without the permission of the original sender. If you have received this material in error, please notify me immediately by telephone and destroy all electronic, paper, or other versions.

From: Catherine Clare Bernhard <cbernhard@sbcglobal.net>

Sent: Friday, September 8, 2023 7:52 AM

To: PIA <PIA@tdcj.texas.gov>

Subject: PIA request

CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments

If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).

Please see attached.

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Catherine Clare Bernhard

attorney

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Attachments: 2023-09-07 - Murphy PIA re Fire.pdf Notification Letter re RFD-Catherine Bernhard 09.08.23.pdf Request for Decision-Catherine Bernhard 09.08.23.pdf 105 KB